THE KNOWLEDGE, ATTITUDES AND PRACTICES ON HIV/AIDS AMONG PEER EDUCATORS IN THE LIMPOPO DEPARTMENT OF AGRICULTURE.

By

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Declaration

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

HIV/AIDS is a world wide pandemic and has caused threat in many organizations. Organizations are trying to put in place programmes to fight the spread of HIV/AIDS as it affects the productivity and profits due to increased absenteeism and turnover. The Joint United Nations programme on HIV/AIDS [UNAIDS] estimated that there are 40 million people living with HIV/AIDS world wide, 25 million has died and 15 millions are orphans due to HIV/AIDS.

The Department of Agriculture [Limpopo] has recruited Peer Educators to assist in providing education, awareness and prevention programmes on HIV/AIDS to employees and stakeholders. However, it is essential to assess the knowledge, attitudes and perception of this Peer Educators in order to develop intervention measures to improve the effectiveness of the programme.

The Department of Public Service Administration guideline on managing HIV/AIDS in the workplace (2002) requires departments to conduct KAP (knowledge, attitudes and perception) in order to have baseline data for responsive, relevant intervention strategies in the workplace. "HIV/AIDS workplace programmes can only be successful if the employees needs regarding knowledge, attitudes and practices have been thoroughly researched" (Family Health International, 2000).

The aim of the study was to identify the knowledge, attitudes and practices of Peer Educators in the Limpopo Department of Agriculture. This will also assist to measure the impact of training provided to them. All Peer Educators were be given an opportunity to participate in the study. Self-administered questionnaire was be used to collect data and confidentiality was emphasized. Data was analysed using the SSP programme and Microsoft excel.

The findings revealed an average knowledge of Peer Educators on HIV/AIDS, positive attitudes and safe sexual practice by using condoms. There is need for in service training for Peer Educators. The results also indicated the strong need of support from supervisors and management in the implementation of Peer Educators programme. The findings of the study will also assist the Limpopo Department of Agriculture to redesign the Peer Education Programme in order to minimize the risks and reduce the infection rate on HIV. Peer Educators are considered as key informants, it is significant to understand their level of knowledge, and what is their perception of risk to HIV/AIDS.

OPSOMING

Die doel van die studie was die bepaling van die kennisvlakke, houdings en persepsies van eweknie-opleiers in die Limpopo provinsie.

Die resultate van die studie dui op sterk behoeftes aan verdere opleidng aan veral toesighouers en bestuurders van die Departement van Landbou van Limpopo provinsie.

Voorstelle word aan die hand gedoen oor die wyse waarop hierdie opleidingsprogramme saamgestel behoort te word en riglyne word gegee vir die implementering daarvan.

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DEFINATION OF CONCEPTS

Knowledge - is defined as the basic information and understanding of HIV/AIDS. This is whether Peer Educators understand the difference between HIV/AIDS, risk factor, modes of transmission, Voluntary Counseling and Testing.

Attitudes is the way a Peer Educator think and feel about HIV/AIDS and towards people living with HIV/AIDS, prevention, disclosure, perception of risk,care and support.

Practices are actions/ risk of behavior. This is whether Peer Educators understand the difference between HIV/AIDS, risk factor, modes of transmission, Voluntary Counseling and Testing.

Peer Educators are the employees in the Limpopo Department of Agriculture who are volunteers and appointed to implement HIV/AIDS Peer Education Programme.

ABBREVIATIONS

HIV- Human Immunodeficiency Virus

AIDS- Acquired Immune Deficiency Syndrome

KAP- Knowledge, Attitudes and Practices

ILO –International Labour Organization

STI - Sexual Transmitted Infection

PEP- Peer Education Programme

SSP- Statistical Software Programme

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CHAPTER 1

GENERAL BACKGROUND OF THE STUDY

1. INTRODUCTION

HIV/AIDS is regarded as the leading cause of death in the world. The spread of HIV in the world is affecting all the organizations and communities. This study is about the knowledge, attitudes and practices on HIV/AIDS by Peer Educators in the Department of Agriculture. This study is focusing on the assessment of Peer Educators` perceptions, beliefs, concerns, fears, understanding, awareness on available resources for care and support regarding HIV/AIDS.

UNAIDS report, December 2007 indicated that the total number of people living with HIV is estimated at 33.2 million globally, with new infections 2.5 million and death rater at 2.1 million. In South Africa it is estimated that 320 000 people died of HIV/AIDS related death during 2005.The new infections rate is increasing and in Limpopo province, the estimated statistics are at 14% by 2008. This chapter gives an overview of the study.

1.2 SIGNIFCANCE OF THE STUDY

The Peer Educators in the Limpopo Department of Agriculture were recruited between the year of 2004-2007 and some of them were trained in 2004 and others in 2007 by different training providers. There was no impact study to assess whether the training provided had an impact in their lives and to the HIV/AIDS Peer Education Programme. There is a need to conduct a study in order to have a baseline data. The findings of this study will however assist to assess the impact of the awareness campaigns held on HIV/AIDS.

The role of Peer Educators in the Department of Agriculture is to create awareness, educate employees on HIV/AIDS and to ensure that condoms are accessible to all employees at their workplaces. Condom distribution is considered as a method of prevention while there is no cure for HIV/AIDS. “Understanding why people behave in a certain way, putting themselves at risk, will be helpful in identifying barriers of change and could identify areas that need reinforcement in HIV/AIDS intervention programmes” (Petzer, 2003).

The results of this study will also help the Department of Agriculture to plan, redesign the Peer Education programme to address the gaps and needs. The findings of this study will establish a baseline to indicate how Peer Educators view the issues around HIV/AIDS, therefore assist the department to introduce programmes that would specifically address the needs identified.

“Lack of knowledge and misconception about HIV/AIDS are the key factors in the lack of prevention effort and it has been shown that people need solid factual understanding of HIV and its transmission, access to relevant services, and the confidence and social power to initiate and sustain behavior change in order to prevent the spread of HIV/AIDS” (Cindy 1998, Gupta and Weiss 2000).

Peer Educators were expected to coordinate health calendar days that are observed annualy [World AIDS Day, STI and Condom Week, Candle Light Memorial etc.] and by assessing their level of knowledge, the findings will reveal how competent they are with regard to HIV/AIDS programmes. There is no feedback on whether the training provided and awareness campaign done had an effect in their lives.

The results of this study will assist the Department of Agriculture on how to mainstream Peer Education programme into the core business of the organization so that intervention strategies are developed to address issues like absenteeism, ill heath etc.to ensure that productivity is not affected. "Accurate knowledge regarding possible routs of transmission is not only critical for decreasing infection rate, it also important to dispel persistent myths and partial knowledge can further perpetuate the risk of infection" (Babakian et al., 2004; Boyer and Tschann 1999).

1.3 PROBLEM STATEMENT

Research Topic: "The knowledge, attitudes and practices on HIV/AIDS among Peer Educators in Limpopo Department of Agriculture."

The Department of Agriculture is located in Limpopo and the Head office is in Polokwane. It has 05 districts and 23 municipalities, 02 colleges and 02 research stations. In 2003, the Department established HIV/AIDS programme through the recommendations of the Department of Public Service Administration.

There are +/- 70 Peer Educators recruited and trained. The training was conducted in 2004 and 2007 for the new recruited members. There was no evaluation of the training provided. The report submitted by peer educators is mainly on how many condoms were distributed. There is a need to explore their knowledge, attitude and practices on HIV/AIDS. Peer Educators are regarded as mainly information providers in the department and their attitudes towards HIV/AIDS do play a significant role during information dissemination. Their beliefs also are important, as their peers are likely to listen and trust their information in the workplace.

Knowledge Attitude and Practices are surveys that are linked with behavior theories. Karoline (2002) has indicated that "behavior theories will provide the level stage of change, the population or individual is in therefore allow a program to be implemented that would address the needs and concerns of the target group. The current strategies are integrated in programs that use Behavior models to create intervention programs; there is a need for HIV/AIDS interventions targeted for specific populations based on knowledge, perceptions, attitudes and behaviors of these populations using behavior theory as underlying framework."

1.4 AIM OF THE STUDY

To have a baseline data on the knowledge, attitudes and practices of Peer Educators in the Limpopo Department of Agriculture.

1.5 OBJECTIVES

The objectives of this study is to identify training needs of Peer Educators, assess level of basic knowledge Peer Educators have on HIV/AIDS, identify the attitudes of Peer educators have

towards HIV/AIDS and to review the demographic details of Peer Educators in terms of Gender, Age, Station, Salary level, Division and Station.

1.6 HIV/AIDS GLOBAL STATISTICS

The impact of HIV/AIDS in business sector is a serious challenge, which needs intervention strategies to be implemented. If the organizations do not introduce programmes to educate employees about the effects of HIV/AIDS, most of them will retire early or die which will have negative impact on the organization performance.

"Sub –Saharan Africa remains a region mostly heavenly affected by HIV Worldwide, accounting to two thirds (67%) of all people living with HIV and for three quarters of AIDS death in 2007. The nine countries in Southern Africa continue to bear a disappropriate share of the global burden-35% of HIV infections and 38% of death due to AIDS" (UNAIDS 2009).

There will be skills shortage, increase on training costs, recruitment of new staff and other indirect costs such as absenteeism etc. This will not affect the business but the families of these employees as the loss of company could lead to retrenchment, which will increase the poverty level in those communities

"Sub –Saharan Africa remains the region most affected by the AIDS epidemic, with more than two thirds (68%) of all people infected with HIV living there. In 2007, Southern Africa accounted for almost a third (32%) of all new infections and AIDS related deaths globally. The estimated prevalence rate of Adults (15-49) indicated 18.1%. (UNAIDS/WHO, July 2008)". In terms of provinces in South Africa the HIV prevalence rate(15-49) on population based survey in 2005 WHO reported that Kwazulu & Mpumalanga 19.2%, Northwest, Free state & Gauteng 15.8-19.2%, Eastern Cape & Limpopo 11.0-15.7%, Northern Cape 3.3-10.9%, Western Cape <3.3%. UNAIDS & WHO 2008.

The rate of new infection is increasing which poses a major impact in the workplaces. If the organizations do not establish HIV/AIDS programmes, employees will lack basic knowledge of HIV/AIDS and will continue infecting other people in their communities. "The epidemic continues to spread around the world. Estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) track the epidemic in time and in different parts of the world. Of the 14 000 new infections which occur every day, 95% are in developing countries, 2000 are in children under 15 years of age and about 12 000 are in persons between 15&49 and half of these are 15 to 24 year-olds. In Sub –Saharan Africa the epidemic is primarily heterosexual epidemic with more than men infected" (UNAIDS 2006).

"South Africa has one of the fastest growing HIV/AIDS epidemics in the world with large number of adults and children living with AIDS. An actuarial model used by department of Public Service Administration suggests that the problem will only get worse. They estimate that by 2010, 18% of public servants could be HIV positive. Research by the International Labour Organization suggest that 15 years of an employee`s working life can be lost due to HIV/AIDS, and in country with low skills base this has a direct and negative effect on service delivery" (Moodley : 64)

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

HIV/AIDS is still a major threat in business world. The fact there is no cure, the life span of people is limited. “Today, more than 20 years since the first cases of HIV infection were recognized, the epidemic continues to expand relentlessly. Despite early and ongoing effects to contain its spread and to find a cure, 20 million people have died and estimated 40.3 million people worldwide are living with HIV. In the latter half of 2004, the number of people on antiretroviral therapy in low- income and transitional countries increased dramatically, but still only about 12% of the 5.8 million people in developing and transitional countries who need treatment are getting treatment” (UNAIDS: 2006).

The purpose of this chapter is to present theoretical background about HIV/AIDS specifically on the impact, knowledge, attitudes and practices. Discuss the debate issues around Peer education programme is also.

2.2 THE SIGNIFICANCE OF KAP SURVEY

The dramatic changes in both external and internal environment are posing challenges to the organizations and they are compelled to review their human resource strategies in order to cope successfully with the changes. Externally, the pace of economic change and HIV/AIDS continue to threaten the capacity of human resources in the organizations and while internally, factors such as staff turnover, absenteeism and low morale of staff remain the major challenges for the organizations.

“The far-reaching social and economic consequences of the epidemic are having on individuals, communities and workplace. The UN, like many other employers all over the world, is facing with major challenges related to the direct and indirect costs of the epidemic: increasing medical costs, absenteeism related to illness, high staff turnover, increasing recruitment, training costs, strained labour relations and ever-increasing erosion of human capital ”UNAIDS 2006.

“progress remains uneven, however, and the epidemic`s future is still uncertain, underscoring the need for intensified action to move towards universal access to HIV prevention, treatment, care and support”. The rate of HIV infections has fallen in several countries, although globally these favourable trends are at least partially offset by increase in new infections in other countries. In Sub –Saharan Africa, most national epidemics have stabilized or began to decline. Outside Africa, infections are on the rise in number of countries” (UNGASS, 6: 2008).

KAP surveys are essential in HIV/AIDS workplace programme in order to determine the level of knowledge, attitudes and practices. The data gathered will inform on how the programme should be implemented and which strategies need to be implemented in order to close the gaps identified. “It is useful to conduct knowledge, attitudes and practices surveys prior to introducing a programme. This provide important information that can be used in the design of interventions

and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having desired effect" (HIV/AIDS Technical Assistance Guidelines: 57)

The impact of HIV/AIDS at organizational level is a great challenge to the economy of the country as when employees die or retire early due to ill health. Staff turnover has an impact on the organizations to deliver services. The skills and experience acquired by these people is very costly to replace and recruitment costs are involved. Productivity is affected and profits reduced.

Haacker (2002:76) also indicated that there was a study in South Africa commissioned by ING Barings South African Research (2000), they predict that the labour supply (weighted by skill level) will decline by 12.8% by 2010 and the real GDP will decline by 12.8% by 2010 and that real GDP will decline by 3.1 % compared with scenario without AIDS, implying a substantial increase in per capita income."

The core of education and training is a use of Peer Educators who have either volunteered or been nominated to HIV/AIDS education sessions. It is important that those persons have qualities such as maturity, empathy and good communication skills, and they should be highly motivated and respected.

Condoms have been promoted and distributed in most agencies since 2002. The UN workplace Education and Care Programme Task Force has facilitated capacity building of UN Health Care Clinic staff in counseling, treatment and care. Visits to counseling and testing centers, survey of Peer educators' needs and retreat for Peer Educators are also planned (UNAIDS, 2006).

"The Cambodia UN System programme was established due to the highest HIV prevalence in Asia- Pacific region, as one of their response to HIV prevalence in the workplace, the Technical Working Group established a criteria for the selection of Peer Educators, a training of trainers team was identified, materials selected, and capacity –building plan was developed. The capacity-building programme provides excellent examples of best practice, which included the following activities:

"The HIV/AIDS pandemic is a strategic business imperative. Companies need to implement contingency plans to mitigate the impact of HIV/AIDS, otherwise they may face unexpected losses in productivity, an increase in absenteeism as well as increased in recruitment, training and related costs" (SABCOHA ,2009).

Companies that take part in the programme will go through number of key interventions aimed at strengthening their ability to manage strategically HIV/AIDS. This intervention includes: an economic impact assessment, KAP survey, accredited HIV/AIDS coordinator training, HIV/AIDS workplace strategy development, a policy and procedures audit, an HIV/AIDS programme review.

HIV/AIDS Knowledge, Attitudes and Practices (KAP) surveys- the goal of this intervention is to assess the knowledge, attitudes and practices of organizations employees with regard to HIV/AIDS. KAP survey results are used to establish employee vulnerability to HIV/AIDS and guide development of a comprehensive organizational HIV/AIDS strategy. It is an important part of the design of company level interventions and provides a means to establish baseline

information for monitoring the effectiveness of interventions (HIV/AIDS awareness training, VCT initiatives etc.) (SABCOHA, 2009).

In terms of the National Strategic Plan on HIV/AIDS (2007-2011), the objectives is to

- To cut the number of new infections by half
- To ensure people living with HIV have access to many services that will help them to live longer & healthier lives. These include: treatment, care, nutrition & support".
- Support your friends, family & people in your community and help to stop stigma and discrimination of people living with HIV/IDS. This will encourage everybody to be tested and to get treatment, care and support, if the results are HIV positive.
- Strengthening workplace prevention programmes, especially by giving out condoms and information in the workplace.

ILO believes that HIV/AIDS should be recognised as a workplace issue and be treated like any other serious illness or condition affecting employees. This is necessary not only because it affects the workforce, but also because the workplace, being part of the wider community, has a role to play in the struggle to limit the spread and effects of the epidemic. The workplace can be a central point for prevention and care within its existing human resource development and training programmes, health and safety and it is also the place where standards are set for working conditions, labour relations and the protection of workers rights". www.ilo.org

2.3 KNOWLEDGE

The success of HIV&AIDS prevention strategies is to empower people with information and knowledge in order to make informed decisions about their life. "Workshops that increase education and awareness are vital tool for addressing discrimination and uninformed responses to HIV/AIDS in the workplace." KAP surveys are essential element in any workplace programme by:

- Identifying specific risk groups and needs, enabling the development of a workplace programme that addresses specific needs of the organization.
- Providing baseline information important for monitoring implementation of workplace programme and evaluation of interventions
- Knowledge of HIV/AIDS, other STI`s, modes of transmission, prevention and treatment
- Attitudes towards company management
- Sexual practices
- Behavior in social life and partnership

Knowledge or having correct information is one of the primary steps and precursor to attitude and behavior change.When employees in the organization are aware about HIV/AIDS their lifestyle can be influenced which eventually change their behavior. The risk of contracting HIV will be less than the organization will benefit by having healthy workforce. When employees are ill, the organization performance is affected which in turn lead to low productivity and less profit. When the organization invests in the health of employees the morale of employees will be increased, as they understand that the employer cares about them.

“The objective of an HIV/AIDS education programme is to build on employees’ awareness by developing their knowledge and skills to personally respond to the epidemic. One way of informing an HIV/AIDS education & training programme is to base it on knowledge, attitudes & practices (KAP) study. A KAP study, which is generally administered as a questionnaire, exposes the knowledge, attitudes and practices of individuals in a group. KAP survey is regarded as a leading practice on the provision of workplace HIV/AIDS programme (DPSA, 2002)”.

“Despite progress in recent years, there remains an urgent need to strengthen the general public`s knowledge, awareness and understanding of HIV/AIDS, commercial media, advertising and arts are in perfect position to facilitate creative development and sustained distribution of HIV/AIDS anti stigma and awareness messages “(United “Nations Development Programme, August 2007).

The employees of each organization belong to a certain community and while awareness campaigns are done at work the community needs to benefit also. This will reduce the stigma and discrimination that exist in society. The organization as it grows it will need more workers, which will be drawn from the community, and if they are not aware of HIV, the risk of infection is high. This message will also help the youth who are the leaders in the future to be aware and take precautions in their lives.

“Public education is required to maintain or increase knowledge and awareness in general population about the modes of transmission of HIV, the fact that everyday activities, there is no virtually no risk of infection associated with certain behaviors, ways to prevent transmission of HIV, the right of people with HIV/AIDS and the rights of population affected by HIV/AIDS” (De Bruyn, 1998).

Providing education and awareness on HIV/AIDS should be an ongoing process in order to influence change of behavior. Organizations need to develop strategies to promote prevention messages and ensure that the recipients are having access to the information on HIV/AIDS. “In 2004, UNAIDS published a revised edition of its information booklet for employees of the UN system and their families, entitled living in a world with HIV&AIDS. This booklet is designed to provide staff and families with important information about HIV&AIDS and to make them aware of the resources and services available to them- the essential message being that with the right information” (UNAIDS 2006).

“The HIV/AIDS epidemic touches every sector of the society. Studies show that HIV/AIDS changes and impoverish households and weakens inter-generational support systems. It causes reduction in agricultural production, which leads to food insecurity; it strains health care resources, it erodes educational progress; and it diminishes the labour force and increases costs

for business. HIV/AIDS reduces investment in human capital and has a profound and long lasting effects on a contrary`s social and economic development. Better individual knowledge of HIV/AIDS and its prevention can complement and enhance the effectiveness of government policies and programmes". (United Nations, 40-45:2005).

If the Peer Educators are not knowledgeable about HIV/AIDS, their attitude is negative and practices increase the risk of infection, they are likely going to transfer that to other employees. When the Peer Educators are well equipped with basic information about HIV/AIDS, the transfer of knowledge and skill is always possible. Educational workshops can also assist to transfer the knowledge to employees but the Peer Educators are the key stakeholders to reach all employees. It is essential to conduct an assessment of their understanding on HIV/AIDS.

"Kaiser Public Opinion Sport Light uses data from Kaiser Family Foundation surveys and other sources to explore the public`s level of knowledge and perceptions about HIV/AIDS, including areas such as HIV transmission, prevention, and treatment, and which groups most affected by the disease. In 2006, more than one-third of the public (37%) thinks HIV might be transmitted through kissing, 22% think it might be transmitted through sharing a drinking glass. More than four in ten adults (43%) hold at least one of these misconceptions. Misconceptions about HIV transmission are found in all segments of the population. For instance, while education does increase people level of knowledge about transmission, still 32% of college graduates held at least one misconception about HIV transmission" (Kaiser Public Opinion Sport Light, 2006).

It was also found in the survey that more than half of the public did not know that having other sexually transmitted diseases could increase a person's risk of getting HIV (56%). Smaller shares did not know that there is presently no cure for HIV (14%) and that there are drugs that can lengthen the lives of people with HIV (13%).

Homosexuality is identified as another way of creating barriers to prevention because as people disclose that they are homosexual there as attitude that this people are not human beings and the rejection from friend, family members, and colleagues results in a situation where they do not disclose that they are homosexual. This group will have difficulty to obtain necessary preventative methods and will hide themselves, which result in them taking uninformed decisions around their sexuality.

It has been noted that people who have strong negative views about homosexuality or drug use, for example, are likely to be influenced by education about HIV/AIDS, related stigma and discrimination. Surveys shows that stigmatizing attitudes towards people with HIV/AIDS persist in a minority of the general population and research was demonstrated that negative attitude toward, for example, homosexuality contributes significantly to such stigmatizing attitudes. In general, the level of HIV/AIDS knowledge is higher among younger people (in the United States) among white people." De Bruyn. 1988.

2.4 ATTITUDES

The attitude towards people living with HIV/AIDS in the community and places of work has not been supportive. In the family there has been a lot of discrimination in terms the quality of food, the clothes they wear are separated from the rest and the utensils they use e.g. plate or cup have

been marked to be used by the infected person only. The lack of knowledge, attitude, and perceptions by society has created barriers to prevent the spread of AIDS. There are perceived as responsible for being infected and those who are infected if there was no intervention , anger develop which lead them to infect other as they feel they cannot die alone.

Stigma and discrimination are very serious challenging factors in preventing the spread of HIV. In the family situation, people have been stigmatised because of their status and this led to them being discriminated in terms of family benefits.This han an impact on disclosure of HIV status because as people experience rejection from the family memebrs, they withhold their status and discourages them to disclose because of the treatment they receive from family members.

“In 2002, UNAIDS coordinated a learning needs survey involving 8000 UN system employees in 82 countries. The survey found that much work needed to be done in order to institutionalize AIDS awareness, policies and practices within the organization. Thus the United Nations learning Strategy on HIV/AIDS was developed. It provides a guide to building the capacity of all UN system employees to respond to AIDS at levels appropriate to their responsibilities” UNAIDS 2006.

The UN response to HIV in the workplace include establishment of the task force and their actions included

Peer educators were trained and helped to formulate plans of action for their respective agencies. Since then, the task force has organized refresher-training sessions for the Peer educators, and Peer educators have organized awareness promotion sessions including testimonials by persons living with HIV in their respective agencies. Information sessions for senior managers have advocated for support for the peer education and workplace programme in general.

2.5 PRACTICES

Women have been socialized to be submissive to men and in that type of relationship the woman is unable to negotiate for protected sex because if the men refuse the women will have to abide.” The word of a man is final” The usage of condom is a challenge because cultural belief also contributes to people being reluctant to use condoms.

“While surveys reveal the level of AIDS awareness in countries with severe epidemics, risky behavior persists. The ABC strategy of abstinence, being faithful and correct and consistence use of condoms has become a key component of programmes to modify behavior. Further more, even when are knowledgeable about HIV/AIDS, they are frequently powerless to choose abstinence or protected sex. Although condoms are much more likely to be used in sexual relations outside marriage than relations between, married partners, especially women continue to acquire HIV from their spouses” (United Nations.p40-45:2005).

“By emphasizing , for an example , condom use as a ,method to prevent HIV transmission, education can increase the sense of personal responsibility associated with HIV infection, thereby contributing to the stigma that often accompanies illnesses perceived to include an element of personal control” (De Bruyn 1998).

Maharaj P., Cleland J., (2005) also indicated that “research in diverse settings has shown that condoms are often regarded as more appropriate for non marital than in marital relationship, in countries with generalized epidemics, only 8% of married contraceptive users report condom use, and this rate has shown no increase over the last 20 years.” This kind of resistance creates a barrier because if the partners are not faithful to each other the vulnerability is high. Sometimes a partner might be unwilling to introduce a condom to e relationship that existed long time and there was no form of protection used. There will be many questions e.g. why now? This discourages people to take initiatives.

Prevention programmes are essential in the community and at the workplace because the more people are aware that there is no cure for AIDS and prevention is presently the only source of protection they might use one of the preventative methods and be safe from contracting HIV. Condom usage is another type of prevention and as the condom dispensers are placed at the workplace is to make the resources accessible to retain the valuable employees in the organization for business opportunities.

Lindegger, (1995 : 02) stated that “negative perceptions about condoms were revealed by many of the studies, especially among men, with fear of partner’s reaction and desire to have children given as primary reasons for the resistance”. The fact that women are married for procreation, it will be difficult to use a condom when the need arise and culturally a man is recognized if he bears children.

Unfortunately, fear of stigma and discrimination is preventing millions of people, who are probably HIV positive from being tested. People also fear knowing their HIV status because a positive diagnosis has traditionally been seen as a death sentence.

ILO has recently completed its publication Indicators to monitor the implementation and impact of HIV/AIDS workplace policies and programmes. The indicators focus on:

- The development and implementation of appropriate policy
- Increased availability and use of prevention, care and support services
- Improved knowledge and attitudes to reduce risk behavior which increases risk of exposure
- Reduced stigma and discrimination
- Increased HIV testing and access to treatment
- Reduced morbidity and mortality
- Increased productivity
- Reduction of medical bills and terminal benefits
- Improved workforce morale
- Reduction of medical bills and terminal benefits etc

Voluntary counseling and testing is an appropriate intervention for prevention and early management of infection. This is supported by the report presented by The Policy Project for Bureau for Africa (October 2001) which stated, "For most of this period, the person may not have any symptoms and therefore may not be aware that he or she is infected. This contributes to the spread of HIV, since the person can transmit the infection to others without knowing it".

China also conducted a KABP survey of over 6000 respondents in 2008. The survey was conducted in six Chinese cities targeting four main groups (migrant workers, youth, white & blue collar-workers). Nearly 30% did not know how to use condoms, only 19% said they would use a condom if they had sex with anew partner. Nearly 11% of respondents had sex with people who were not their spouse, girl friend or boy friend during the past six months. Total number of 42% of those respondents had not used condoms. Total number of 30% responded that HIV positive children should not be allowed to study at the same schools as uninfected children. Nearly 65% would be willing to live in the same household with an HIV –infected person and 48% of interviewees would be unwilling to eat with HIV-infected person. More than 48% of respondents thought they could contract HIV from a mosquito bite. UNAIDS, CHINA 2008.

"A study published in the journal of Acquired Immune Deficiency Syndromes observed ser-discordant heterosexual couples found the following: Less than 2% who consistently and correctively used condoms became HIV infected. Nearly 15% who used condoms inconsistently became HIV infected.Ten percent of people who never used condoms became HIV infected" (Equal treatment, 15: March 2006).

The human rights issues are governed by Universal Declaration of Human Rights [UDR] and it was adopted by the United Nations General Assembly on December 10, 1948. It indicated that" the strong focus in the 1980s on the human rights of people living with HIV/AIDS also helped lead to increase understanding in the 1990s of the importance of human rights as a factor in determining people`s vulnerability of their accessing appropriate care and support."

In every human right, governments have responsibilities in three levels:

Respect the right means that the state cannot violate the right directly, e.g. the right of education is violated if children are barred from attending school based on their HIV status.

Protecting the right means a state has to prevent violations of rights by non state actors and offer some redress that people know about and have access to if a violation does occur.

Fulfilling the right means that states have to take all appropriate measures-legislative, administrative, budgetary, judicial, and otherwise.

If a state fails to provide essential HIV/AIDS prevention education in enough languages and media to be accessible to everyone in the population, this in and of itself could be understood to be violation of the right to education. http://hivinsite.ucsf.edu/InSite

2.6 PEER EDUCATION

The strategy of using peer educators is ensure more people are reached in terms of knowledge on HIV/AIDS and other health related conditions. This will assist in destigmitisation of the programme. The peer educators in each of their workplaces need to develop a programme of action to ensure that all their peers are reached.

"Peer Education is widely used in the response against HIV/AIDS and typically involves training and supporting members of a given group. The perceived effectiveness of this strategy draws on research indicating that, generally, similarity between message source and recipient is vital to the ultimate impact of the message. Peer Education often forms an important component of companies` HIV/AIDS programmes. In its HIV/AIDS Technical Guidelines, the South African Department of Labour states that the core of HIV/AIDS education and training is a use of peer educators who have either volunteered or been nominated to conduct HIV/AIDS sessions. This promotions of workplace peer education, which is included in other workplace HIV/AIDS guides(Family Health International 2002, ILO 2001, NOSA 2003, World Economic Forum 2003), is based on perceived advantage of peer education. The Department of Labour (2003) recommends a ratio of one peer educator to every 50 workers." Dickinson D, 2006

The introduction of Peer education in the workplace is one of the strategies to be used in order to reach employees and their families. This is part of mainstreaming HIV/AIDS within the business sector. "Peer Education is widely used tool in the response against HIV/AIDS and typically involves training and supporting members of a given group to effect change among member of the same group. Among the advantages of Peer Education is the ability to access people infected with HIV or vulnerable to infection. The department of Labour` recommends a ratio of one peer educator to every 50 workers." (Dickinson, 07: 2006).

Peer Educators need to be educated and be skilled on HIV/AIDS initiatives in order to fill the gap they have as individuals and as members of the community. "Although the idea of peer educators is that they influence their peers, a number of studies have looked at the implications for peer educators themselves. The study by Strange, Forest and Oakley (2002) indicates that peer educators themselves undergo process of change that relates to their own sexual knowledge and behavior but also general life skills. Less positively, James (2002) suggests that in resource-poor communities, the primary impact of peer education programmes may be personal mobility of peer educators. Ideally, to fulfill the role, peer educators should be representative of the workforce at large. Critical categories in this regard include race, gender, occupational (skill) level and age "(Dickinson, 07:2006).

"When Peer educators reported little progress in their work due to lack of support from their managers, the UN Workplace Education and Care Programme Task Force responded by preparing a document designed to guide agency representatives and senior managers in addressing the threats posed by HIV& AIDS in the workplace; and in consultation with Peer educators and staff associations, to establish operational work plans of actions to be undertaken to implement the policy. Demonstrating responsiveness, when ILO Peer educators decided to break up their awareness raising activities into smaller bites (one hour-half hour sessions)" (UNAIDS 2006).

In March 2004 after training of Peer educators, constant follow up and clarification are essential aspects of successful peer education. An online network link among Peer educators and with the training team was established. Informal and regular communications with each other and with specialist allow Peer educators to obtain needed information and to be responsive to their colleagues.

In June 2004, UNICEF/UNESCO provided all Peer Educators with information, education and communication materials about HIV testing and counseling. A meeting was held to familiarise Peer Educators with home based care programme and how to make referrals. A person living with HIV spoke about peer support systems. Home based care and peer support are frequently neglected in workplace programmes but have valuable elements of Peer education capacity – building in Cambodia.

In October 2004, Peer educators conducted training on the basics of HIV in selected provinces for UN staff members and their families. Bringing the workplace programme to provinces helps to address the needs of staff in remote places. UNAIDS 2006.

Peer Education is always considered as one of the initiatives that assist in HIV prevention, care and treatment. “Committees, Peer educators, medical personnel HIV&AIDS focal points HR officers and staff associations need to be equipped for their roles in workplace programmes. They need to be educated about HIV, and helped to carry out their roles in protecting and promoting workers` rights. One of the minimum standards agreed in UN`s Learning Strategy is to ensure that there are condom demonstrations for both male and female condoms. All four case studies have emphasized condom demonstrations in their training programme and have made condoms available in toilets, in medical services offices and in other places where staff feel comfortable to confidentiality are able to help themselves” (UNAIDS, 2006).

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

The aim of this chapter is to explain the geographical area of the study, population, sampling procedure, research design and measuring instrument used to collect data. Analytical framework and limitations of the study are illustrated in this study. The main objective of this study was to assess the knowledge, attitudes and practices of Peer educators in the Limpopo Department of Agriculture.

According to Bailey (1987, 33) “methodology is the philosophy of research process, this includes the assumptions and values that serve as a rationale for research and the standard or criteria researcher uses for interpreting data and researching conclusion.”

3.2 RESEARCH PARADIGM

Qualitative and quantitative method was utilised to assess their knowledge, attitudes; practices on HIV/AIDS also review the demographic details. The Peer Educators are role models with regard to HIV/AIDS in the Department of Agriculture and it is essential to explore the level of understanding, perception of risk and method of prevention used.

3.3 RESEARCH DESIGN

According to Monnette, et al (1990:10), “a research design is a detailed plan outlining how observations will be made. It is a plan followed by the researcher as the project is carried out; it will always address itself to certain key issues, such as who will be studied, how these people will be selected, and what information will be gathered from or about them.”

The research design used in this study was a survey in the form of cross sectional design where the respondents were only HIV/AIDS Peer Educators in the Department of Agriculture. Christensen (2007:324) describe “the design of a research study as the basic outline of the experiment, specifying how data will be collected and analyzed and how unwanted variation will be controlled”

The advantage of cross sectional studies is that the study can be conducted in a short period and generalisation is possible if the sample is representative. The main disadvantage if this design is that generalization cannot be made overtime.

The study was also focusing on exploring the knowledge, attitudes and practices of Peer Educators and reviewing their age group, salary level, marital status, educational background, station and division and gender. This further explained whether being a Peer Educator had an impact in the change of behavior or not. “Risk behaviors are sometimes concentrated in sub populations unless something is known about the existing behavior; it is not possible to support relevant safe alterations. Behavioral data can indicate who is most at risk of contracting and passing of HIV infection and why” (Family Health Internationals, 2002:02).

3.4 POPULATION

A target population is defined as the population under study, the population to which the researcher wants to generalize the research findings (Talbot 1995:241). The total number [population] of employees in the Limpopo Department of Agriculture is +/- 4500. The Department of Agriculture has 06 districts, 22 municipalities, 02 colleges and 02 Research stations. There are Peer Educators in almost all the workplaces except the Research stations. The challenge with this Peer Education Programme is that the implementation of HIV/AIDS programmes is regarded as additional functions and on voluntary basis.

3.5 SAMPLING PROCEDURE

There is a total number of +/-70-trained Peer Educators in the Department and they are stationed in all the workplaces. The technique used to collect data is non-probability sampling in the form of convenient sampling as the researcher used only all the available Peer Educators in the Department.

This will increase the validity of the study. “Larger sample means that there is more faith in the results, can obtain statistically significant results more easily, and can have more trust in generalization from results” (Bailey: 1987:29). All Peer Educators in the Department of Agriculture will had an opportunity to participate in the research and this has ensured that there was no sampling biasness.

3.6 MEASURING INSTRUMENTS

The method used to collect data was structured questionnaire. Questionnaires were distributed to the Peer Educators for completion. This strategy was effective as the Peer Educators were available and permanently working in the Department.

The following elements were assessed: Knowledge, Attitudes and Practices on HIV/AIDS. The questions were focusing to explore on the abovementioned elements, which will include open and closed ended questions. The participants will be given an opportunity to further explain their on their response. A self-administered questionnaire was given to the respondents and after completion, they will submit to the researcher (De Vos, 2006).

3.7 DATA ANALYSIS & INTERPRETATION

SPSS (Statistical Package for Social Science) program will be used to analyze data; descriptive statistics will also be used to analyze demographic characteristics and the Microsoft Excel software to analyze quantitative data.

Qualitative and quantitative analysis was used to assess their knowledge, attitudes and practices on HIV/AIDS. The Peer Educators are role models in the Department of Agriculture and it is essential to explore their level of understanding on HIV/AIDS, perceived risk and method of prevention they use. Qualitative and Quantitative data was analyzed using graphs and tables. “Data analysis is a process of bringing order, structure and meaning to the mass of collected data” (Marshall & Rossman, 1995).

CHAPTER 4

PRESENTATION AND ANALYSIS OF FINDINGS

4.1 INTRODUCTION

This chapter aims at presenting and analysis of findings. The respondents were given the questionnaire to read the instructions before completing. The respondents were assured of confidentiality and that the survey was voluntary. Those who were prepared to continue to participate in the survey were given the opportunity to complete. Questions were asked in the form of Attitudinal Scale in a four-point scale namely strongly agrees, agree, strongly disagree and disagree. Open-ended questions were asked at the end as a form of general questions.

Total number of 75 Peer Educators participated in the study. All the Peer Educators who were given the questionnaire returned the completed questionnaire. The participation and response rate was 100%. The questionnaire had 05 sections, which included demographic details of respondents, their knowledge, attitudes, practices on HIV/AIDS and general questions on Peer education and HIV/AIDS.

The results expected in this study were as follows:

4.1.1 Knowledge

The knowledge on HIV/AIDS among Peer Educators in the Department of Agriculture will be high (70%). They will also know how HIV is transmitted.

4.1.2 Attitudes

The attitudes towards people living with HIV/AIDS is positive as most of the Peer Educators volunteered to be in the programme. Their reasons to participate might vary as other might have volunteered because they are either affected or infected with HIV. In terms of the risk behavior, it is expected that their response will try to link the issue of culture and HIV/AIDS. Most of the Peer Educators will be comfortable to disclose their HIV status to their colleagues.

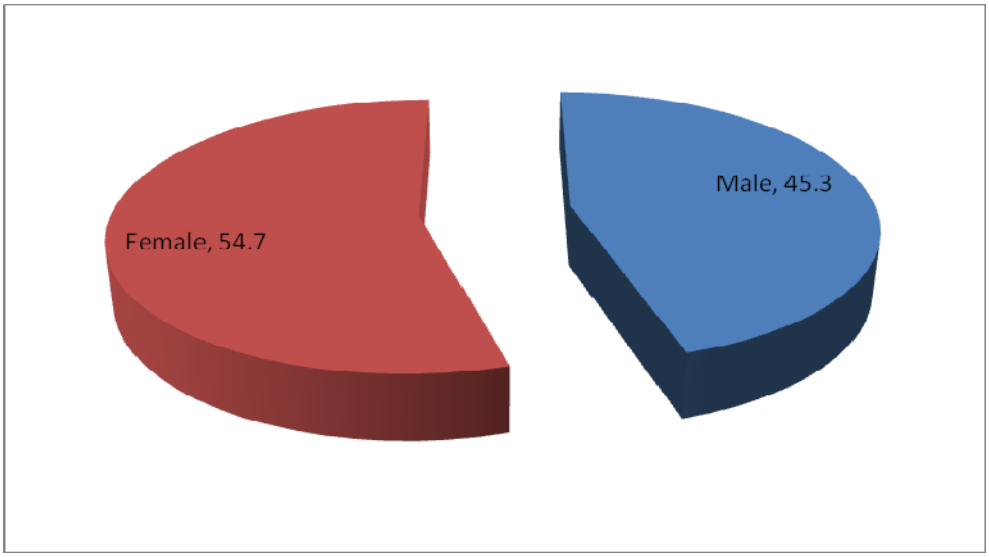
4.1.3 Practices

Peer Educators will be more conscious of their risk of infection and risk behaviors. Majority of Peer Educators will know their HIV status and willing to participate in VCT (Voluntary Counseling and Testing) in future. Some Peer Educators will not be considering the use of condoms as effective method to prevention due to their belief system.

4.2 DEMOGRAPHIC DETAILS OF PEER EDUCATORS

This section presents the personal background of the respondents. It reflects the identifying particulars of the Peer Educators in the Limpopo Department of Agriculture. The information gathered in this section included the following information: station, gender, age, salary level, division, educational qualifications and years of service.

TABLE 4.1
Gender



It was found that 45.3% of respondents were male whereas 54.7% were female. This shows that women are taking initiatives to participate in prevention programmes to reduce the spread of HIV/AIDS.

TABLE 4.2
Station & Gender

			Gender		
			Male	Female	Total
Station	Head office (Research stations, colleges, Head office)	Count	10	4	14
		% within Station	71.4%	28.6%	100.0%
	Eastern cluster (Vhembe & Mopani)	Count	15	20	35
		% within Station	42.9%	57.1%	100.0%
	Western cluster (Capricorn, Sekhukhune, Waterberg)	Count	8	18	26
		% within Station	30.8%	69.2%	100.0%
Total		Count	33	42	75
		% within Station	44.0%	56.0%	100.0%

The cross –tabulation of respondents by Station and Gender revealed that Head office is male dominated by 71.4% where as Western cluster is female dominated by 69.2%. Gender balance need to be established when recruiting Peer Educators. This can be confirmed further using the gender analysis data from the department.

TABLE 4.3
Salary level

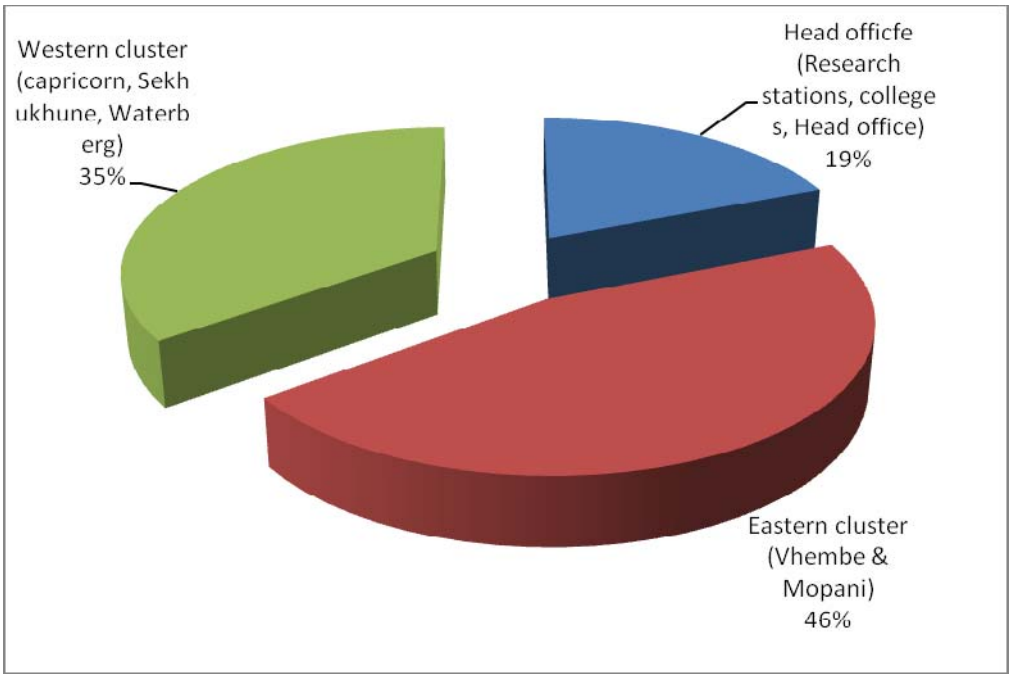
The salary level indicates on which line of management are the Peer Educators falling. The higher the salary level, the higher the level of management in terms of their position. The findings reflected that most of the Peer Educators are in the lower salary level [50.7%], which indicates that there is a need to empower managers at highest salary level to volunteer to participate in the Peer Education Programme. The middle management level [salary level11-13] was represented by 1.3% and salary level 7-10 was 48% Peer Educators.

TABLE 4.4
Station & Salary level

			Salary level			
			Level 1 - 6	Level 7 - 10	Level 11 - 13	Total
Station	Head office (Research stations, colleges, Head office)	Count	8	5	1	14
		% within Station	57.1%	35.7%	7.1%	100.0%
	Eastern cluster (Vhembe & Mopani)	Count	15	20	0	35
		% within Station	42.9%	57.1%	.0%	100.0%
	Western cluster (Capricorn, Sekhukhune, Waterberg)	Count	14	12	0	26
		% within Station	53.8%	46.2%	.0%	100.0%
Total		Count	37	37	1	75
		% within Station	49.3%	49.3%	1.3%	100.0%

Majority of the respondents who are from Head office are between salary level1-6 (57.1%), level 7-10 (57.1%) is highly represented in the Eastern Cluster whereas Western cluster is having 58.8% who are in level 1-6. Salary level 11-13 is poorly represented and this is a major concern where level of management support and participation is regarded as a key intervention strategy in the management of HIV/AIDS in the work place.

TABLE 4.5
Station



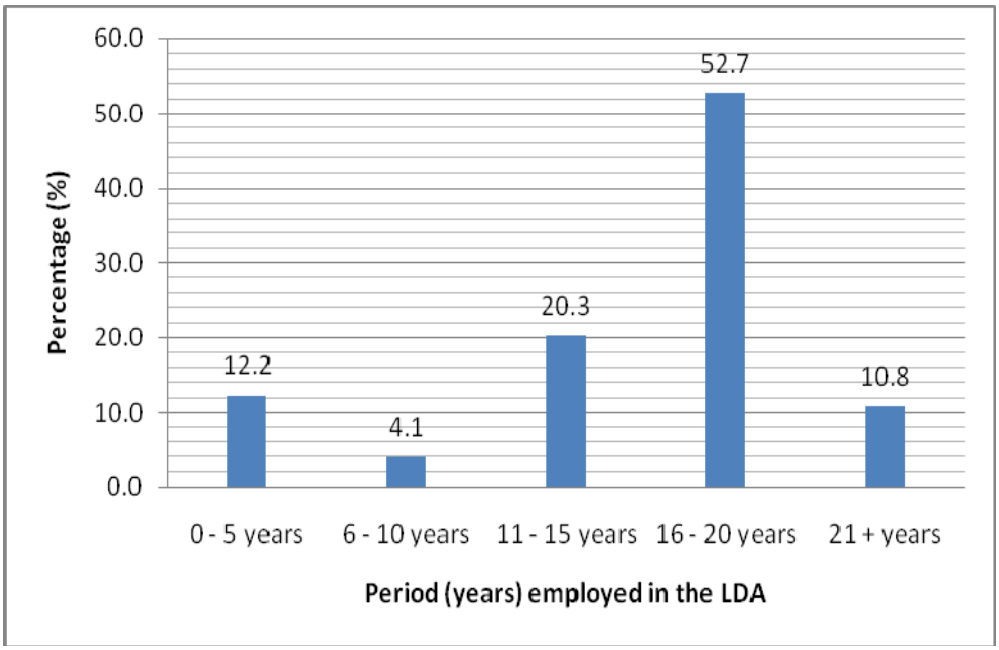
It was found that most of the Peer Educators are from the Eastern Cluster [Vhembe & Mopani] in terms of 45.3%, followed by 34.7% from Western cluster [Capricorn, Sekhukhune & Waterberg]; Head office [Research stations, Colleges, Head office] was represented by 18.7%, which excludes 1.3% of the respondents who did not indicate the workstation.

TABLE 4.6
Station & Division

			Division		
			Technical	Administration (support services)	Total
Station	Head office (Research stations, colleges, Head office)	Count	3	9	12
		% within Station	25.0%	75.0%	100.0%
	Eastern cluster (Vhembe & Mopani)	Count	11	23	34
		% within Station	32.4%	67.6%	100.0%
	Western cluster (Capricorn, Sekhukhune, Waterberg)	Count	3	23	26
		% within Station	11.5%	88.5%	100.0%
Total		Count	17	55	72
		% within Station	23.6%	76.4%	100.0%

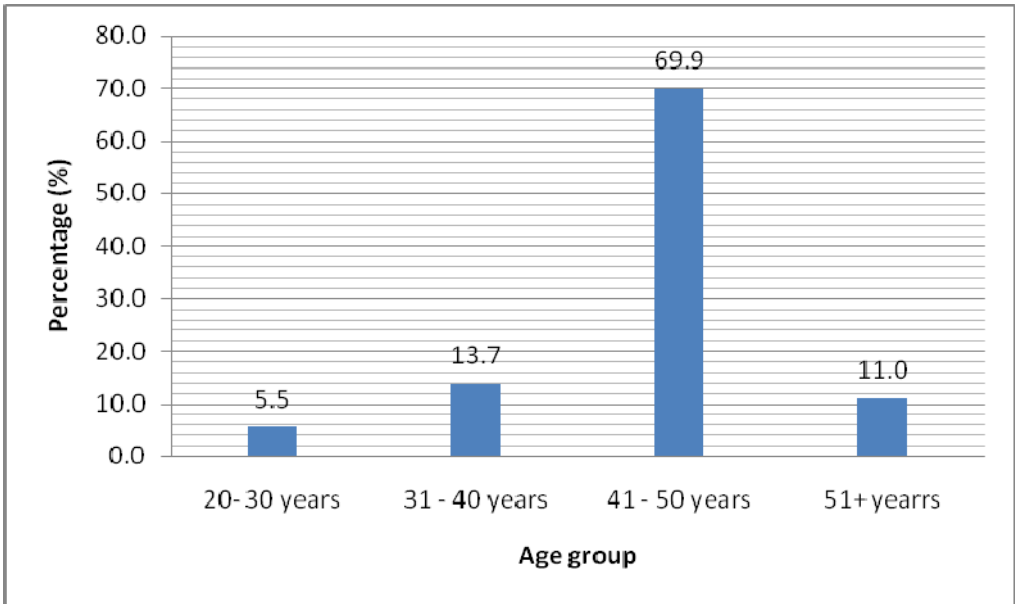
Technical division was represented by 32.4% at Eastern Cluster followed by 25% of Head office. There is a need to recruit more Peer Educators within Technical Divisions in all the workplaces. The fact that they are field workers makes them more vulnerable as they move from one area to another.

TABLE 4.7
Period of employement in Limpopo Department of Agriculture



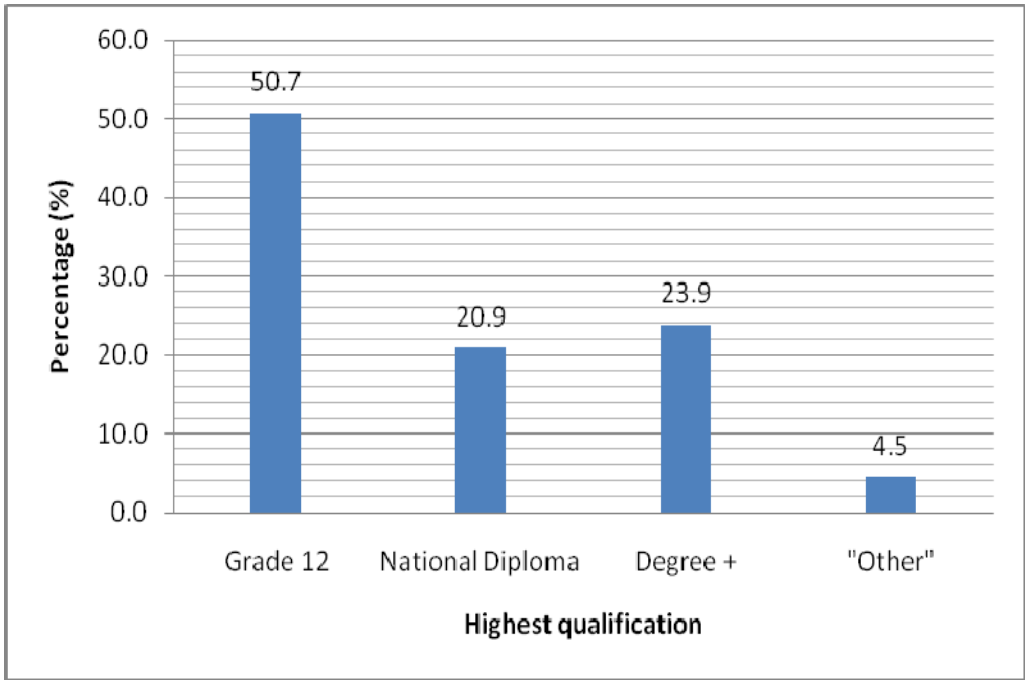
The highest number of 52.7% Peer Educators have worked in the Limpopo Department of Agriculture for 16-20 years, 20% of them have worked for 11-15 years, 12% have worked from 0-5 years, 10.7% have been employed for 21+ years, 4% have worked for 6-10 years and 1.3% did not indicate the years in the service.

TABLE 4.8
Age group



In terms of the age group, 68% of the respondents are between the ages of 41-50 years, 10.7% were 51+ years, 13.3% were from 31-40 years, 5.3% were from 20-30 years and 2.7% did not indicate their age group. This indicates that there is a need to recruit more Peer Educators at the age group of 20-30 and 31 -40 because those who are older are planning for retirement and might exit the work force any time due to age or ill health retirement.

TABLE 4.9
Highest Qualification

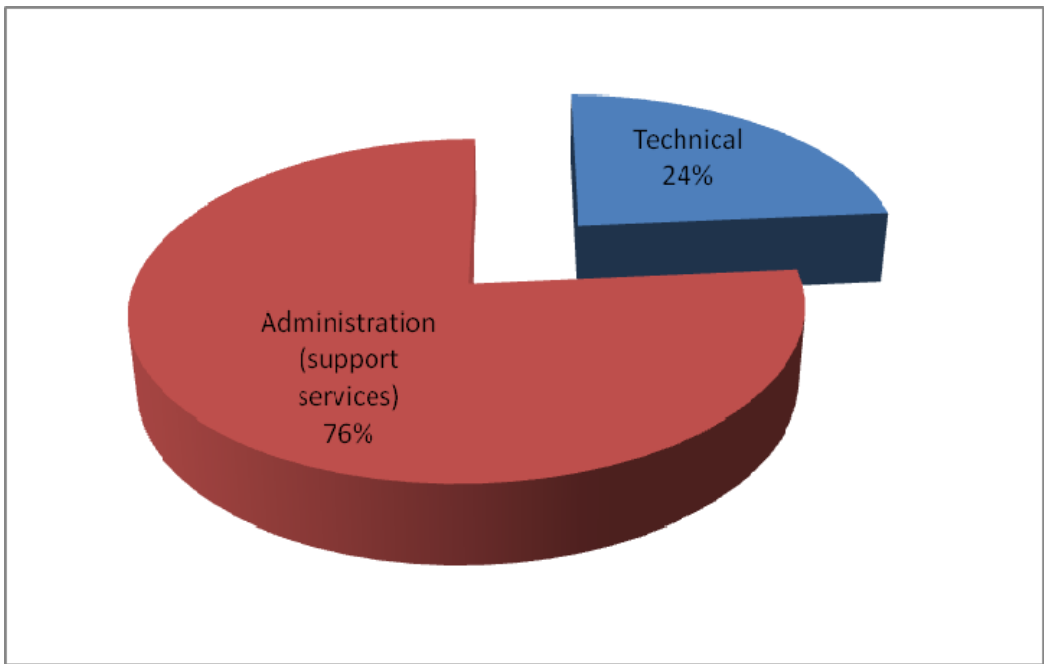


It was found that 45.3% of the respondents had basic qualifications which is grade 12, 21.3% have a Degree +, 18.7% National Diploma, 4.0% indicated “Other” but did not specify, 10.7 % of the respondents did not respond.

TABLE 4.10
Station & Highest qualification

			Highest qualification				
			Grade 12	National Diploma	Degree +	"Other"	Total
Station	Head office (Research stations, colleges, Head office)	Count	4	1	4	2	11
		% within Station	36.4%	9.1%	36.4%	18.2%	100.0%
	Eastern cluster (Vhembe & Mopani)	Count	16	10	5	1	32
		% within Station	50.0%	31.3%	15.6%	3.1%	100.0%
	Western cluster (Capricorn, Sekhukhune, Waterberg)	Count	15	3	7	0	25
		% within Station	60.0%	12.0%	28.0%	.0%	100.0%
Total		Count	35	14	16	3	68
		% within Station	51.5%	20.6%	23.5%	4.4%	100.0%

TABLE 4.11
Division



The Administration (support services), total number 76% of respondents, technical services was represented by 24%. There is a need to recruit more Peer Educators from technical agricultural field to ensure more employees are reached at local level.

4.3 KNOWLEDGE ON HIV/AIDS

This section focuses on the basic knowledge respondents have in terms of HIV/AIDS. The main purpose is to assess the level of knowledge in terms of modes of HIV transmission, prevention and treatment.

TABLE 4.12
There is no difference between HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	9	12.0	12.0	12.0
	Agree	5	6.7	6.7	18.7
	Disagree	22	29.3	29.3	48.0
	Strongly disagree	39	52.0	52.0	100.0
	Total	75	100.0	100.0	

There are number of misconceptions about HIV/AIDS respondents were asked to establish whether there is any difference between HIV/AIDS. The results revealed that majority of the respondents [81.3%] have understanding that there is a difference between HIV/AIDS. Total number of 18.7% responded that there is no difference between HIV/AIDS.

This implies that majority of the Peer Educators are able to differentiate between HIV& AIDS. The type of training recommended for the Peer Educators need to include explanation how HIV is different from AIDS as people might think when a person has contracted HIV, he or she already have AIDS. There are stages/ phases after a person has contracted HIV.

TABLE 4.13
Tears are one of the bodily fluids that have been identified as being a risk factor in the transmission of the HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	4.0	4.0	4.0
	Agree	2	2.7	2.7	6.7
	Disagree	21	28.0	28.0	34.7
	Strongly disagree	49	65.3	65.3	100.0
	Total	75	100.0	100.0	

The results from table 4.9 indicate that 65.3% of the respondents strongly disagreed that tears is one of the bodily fluid, which is regarded as a risk factor in the transmission of HIV. Total number of 28% also disagreed with the statement which results into cumulative total of 93.3% of respondents who have a clear understanding that tears has not been found to be the fluid that spread HIV. There were still 6.7% of the respondents who strongly agreed/agreed that tears

could be regarded as a risk factor to spread HIV. The levels of knowledge on HIV transmission to this group of respondents (6.7%) need to be strengthened.

TABLE 4.14
You can get HIV from mosquito bites

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	6.7	6.7	6.7
	Agree	3	4.0	4.0	10.7
	Disagree	22	29.3	29.3	40.0
	Strongly disagree	45	60.0	60.0	100.0
	Total	75	100.0	100.0	

Total number of 60% from the respondents strongly disagreed that a person can get HIV from mosquito bites whereas 29.3% also disagreed. When these responses are added together it clearly shows that 89.3% have knowledge that mosquito bites cannot transmit HIV. A percentage of 6.7% of the respondents indicated that they strongly agree that through mosquito bites a person can get HIV whereas 4% agreed also with the statement. Therefore, the cumulative 10.7% does not have sufficient knowledge on HIV transmission.

TABLE 4.15
Wearing gloves is essential when assisting a person who is bleeding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	61	81.3	81.3	81.3
	Agree	7	9.3	9.3	90.7
	Disagree	1	1.3	1.3	92.0
	Strongly disagree	6	8.0	8.0	100.0
	Total	75	100.0	100.0	

The majority of respondents (81.3%) strongly agree that wearing gloves when assisting a person who is bleeding it is important where as 9.3% just agreed. The data revealed a cumulative 93.3%. The remaining number of respondents indicated that it is not essential to wear gloves when assisting a person who is bleeding of which 8% strongly disagreed and 1.3% agrees with a cumulative 9.3%.

TABLE 4.16
There is a cure for AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	7	9.3	9.3	9.3
	Agree	3	4.0	4.0	13.3
	Disagree	18	24.0	24.0	37.3
	Strongly disagree	47	62.7	62.7	100.0
	Total	75	100.0	100.0	

The results in table 4.12 indicated 62% of respondents strongly disagreed that there is a cure for AIDS whereas 24% also disagreed. This revealed a cumulative total number of 86.7% who are aware that there is no cure for AIDS. Total number of 9.3% strongly agreed that there is a cure for AIDS and 4% agreed. The cumulative total number of 13.3% still does not have information that there is no cure for AIDS. Antiretrovirals is the only treament offerred to increase life span. This creates a challenge as people might continue to practice unprotected sex with a hope that there is cure for AIDS.

TABLE 4.17
HIV/AIDS is a private matter; I do not discuss it with any one

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	4.0	4.1	4.1
	Agree	5	6.7	6.8	11.0
	Disagree	17	22.7	23.3	34.2
	Strongly disagree	48	64.0	65.8	100.0
	Total	73	97.3	100.0	
Missing	System	2	2.7		
Total		75	100.0		

The majority of the respondents (64%) strongly disagreed, 22.7% agreed that HIV/AIDS is a private matter; it cannot not be discussed with anyone. Cumulative total number of 86.7% believes that HIV/AIDS should not be discussed as it is regarded as a private matter. People need to discuss freely about HIV/AIDS. This can reduce the stigma and discrimination attached to HIV/AIDS due to lack of knowledge. Total number of 6.7% still strongly agreed, 4% agreed that HIV/AIDS is a private matter. The cumulative total number of 10.7% believes that HIV/AIDS should not be discussed with anyone. Total number of 2.7% did not respond.

TABLE 4.18
Having sexual intercourse with a virgin can cure HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	6.7	6.7	6.7
	Agree	1	1.3	1.3	8.0
	Disagree	8	10.7	10.7	18.7
	Strongly disagree	61	81.3	81.3	100.0
	Total	75	100.0	100.0	

The results from Table 4.18 revealed that 81.3% of respondents know that having sexual intercourse with a virgin cannot cure HIV/AIDS and 10.7% also agreed. The cumulative total of the respondents who are in agreement with the statement is 92%. The remaining 10% of respondents said they agree that having sexual intercourse with a virgin can cure HIV/AIDS. This implies that there are people who still believe that having sexual intercourse with a virgin can cure HIV/AIDS. This is a myth that promotes the spread of HIV.

4.4 ATTITUDES

This section was designed to capture respondent`s attitudes and beliefs on HIV/AIDS in relation to prevention, disclosure, care and support of people living with HIV.

TABLE 4.19
I know someone who is HIV positive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	32	42.7	43.2	43.2
	Agree	20	26.7	27.0	70.3
	Disagree	11	14.7	14.9	85.1
	Strongly disagree	11	14.7	14.9	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 69.4% of the respondents knows someone who is infected with HIV whereas 29.4% of them do not know anyone who is HIV positive. Total number of 1.3% did not respond to the question.

TABLE 4.20
If strongly agrees to know someone who is HIV positive, what is your relationship with the person?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Colleague	11	14.7	23.9	23.9
	Friend	5	6.7	10.9	34.8
	Family member	15	20.0	32.6	67.4
	Neighbor	2	2.7	4.3	71.7
	Community member	13	17.3	28.3	100.0
	Total	46	61.3	100.0	
Missing	System	29	38.7		
Total		75	100.0		

The results shows that 61.3% of respondents who agreed that they know someone who is HIV positive indicated that their relationship with the person, 14.7% said it is a colleague, 6.7% said it is a friend, 20% indicated it is a family member, 2.7% said it is a neighbor and 17.3% indicated it is a community member. Total number of 38.7% never responded as they might not know anyone or within the categories specified and they could not locate their relationship with the person.

TABLE 4.21
If an employee share an office with an HIV positive person, there is high risk of being HIV infected

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	4	5.3	5.4	5.4
	Agree	2	2.7	2.7	8.1
	Disagree	18	24.0	24.3	32.4
	Strongly disagree	50	66.7	67.6	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The responses from table 4.17 revealed that if an employee share an office with a person who is HIV positive, there is high risk of being infected, 5.3% strongly agreed, 2.7% agreed, 24% disagreed and 66.7% strongly disagreed. Total number of 1.3% did not respond. This shows that a cumulative of 8% still have fears that by sharing an office with a person who is positive which makes people living with HIV not to be accepted by society. This shows a negative attitude; knowledge on HIV transmission is required.

TABLE 4.22
Children who are HIV positive should be allowed to mix with other children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	40	53.3	53.3	53.3
	Agree	23	30.7	30.7	84.0
	Disagree	4	5.3	5.3	89.3
	Strongly disagree	8	10.7	10.7	100.0
	Total	75	100.0	100.0	

The responses from Table 4.22 revealed that 84% of respondents believed that children living with HIV should be allowed to mix with others whereas 16% does not agree. The 16% of the respondents still have fears about HIV infection might not trust any information. Training on modes of transmission is required to reduce the stigma and discrimination on people living with HIV.

TABLE 4.23
If you happen to go for HIV test and the result turn to be positive, you will disclose your HIV status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	29	38.7	39.2	39.2
	Agree	22	29.3	29.7	68.9
	Disagree	11	14.7	14.9	83.8
	Strongly disagree	11	14.7	14.9	98.6
	Uncertain	1	1.3	1.4	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 38.7% respondents strongly agreed, 29.3% agreed, 14.7 % disagreed and 14.7% strongly disagreed that they will disclose their HIV status after testing. Total number of 1.3% was uncertain. Cumulative total number of 29.4% indicated that they would not disclose their status. This implies some Peer Educators still have fears about disclosure of HIV status where majority of 68% agreed that it is significant to disclose their HIV status. Due to stigma attached to HIV/AIDS, people are likely not to disclose because of fear for rejection.

TABLE 4.24
Whom would you not disclose your HIV status if tested HIV positive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Friend	9	12.0	12.9	12.9
	Colleague	4	5.3	5.7	18.6
	Sexual partner	7	9.3	10.0	28.6
	Family member	8	10.7	11.4	40.0
	Religious counselor	3	4.0	4.3	44.3
	EAP professional	3	4.0	4.3	48.6
	None	36	48.0	51.4	100.0
	Total	70	93.3	100.0	
Missing	System	5	6.7		
Total		75	100.0		

The responses from Table 4.24 indicated that at 12% would not disclose their HIV status to a friend, 10.7% to family member, 9.3% sexual partner, 5.3% a colleague, 4% religious counselor, 4.0% EAP professional. Total number of 48% will not disclose to anyone. Total number of 6.7% did not respond. " When people discover that they are HIV positive, one of the first things they have to decide is whether to tell family or friends because of the stigma associated with HIV/AIDS and the potential for discrimination, people with HIV/AIDS have to be careful about whom they tell" (De Bruyn, 1998,02).

TABLE 4.25
I can be able to take care of someone who is infected with HIV or dying with AIDS related diseases.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	38	50.7	50.7	50.7
	Agree	27	36.0	36.0	86.7
	Disagree	6	8.0	8.0	94.7
	Strongly disagree	4	5.3	5.3	100.0
	Total	75	100.0	100.0	

Total number of 50.7% strongly agree that they can take care of someone who is living with HIV or dying with AIDS related diseases, 36% agreed, 8% disagreed, 5,3% strongly disagreed. The cumulative of 86.7% are having positive attitude towards offering care to the people living with HIV or dying with AIDS related diseases.

TABLE 4.26
In a sexual relationship, only women should be responsible for the prevention of HIV/AIDS transmission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	1.3	1.3	1.3
	Agree	1	1.3	1.3	2.7
	Disagree	13	17.3	17.3	20.0
	Strongly disagree	60	80.0	80.0	100.0
	Total	75	100.0	100.0	

The findings from Table 4.26 indicated that 80% strongly disagreed, 17.3% disagreed, 1.3% agreed and 1.3% strongly agreed that women in a sexual relationship should be responsible for the prevention of HIV/AIDS. This shows a cumulative total number of 97.3% of the respondents who believe that HIV/AIDS is every ones responsibility. This shows positive attitude towards HIV prevention.

TABLE 4.27
Only white people can get HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	4.0	4.0	4.0
	Agree	3	4.0	4.0	8.0
	Disagree	13	17.3	17.3	25.3
	Strongly disagree	56	74.7	74.7	100.0
	Total	75	100.0	100.0	

The responses shows that 74.7% strongly disagree that only white people can get HIV, 17.3% disagreed, 4% strongly agreed and 4% eventually agreed. This indicates that the majority of the respondents understand that HIV does not have colour, gender or race. Every person is at risk of contracting HIV.

TABLE 4.28
People with many sexual partners are at greater risk of contracting HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	50	66.7	67.6	67.6
	Agree	13	17.3	17.6	85.1
	Disagree	5	6.7	6.8	91.9
	Strongly disagree	6	8.0	8.1	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 66.7% strongly agreed that people with many sexual partners are at great risk of contracting HIV, 17.3% agreed which results into a cumulative total of 84%.Total number of 8% strongly disagreed and 6.7% agreed. Total number of 1.3% did not respond. The principle of" Be Faithful" to one partner is positively recognised and supported by majority of the respondents.

TABLE 4.29
I would not feel comfortable to demonstrate how male and female condoms should be used to the employees or public

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	6.7	6.7	6.7
	Agree	7	9.3	9.3	16.0
	Disagree	24	32.0	32.0	48.0
	Strongly disagree	39	52.0	52.0	100.0
	Total	75	100.0	100.0	

Total number of 52% strongly agreed, 32 % agreed that they would be comfortable to do condom demonstration in public whereas 9.3% disagreed and 6.7% strongly disagreed. Cumulative total number of 82% of the respondents are having positive attitude towards condom demonstration. There are still 16% respondents who needed additional training as it might affect their commitment during awareness campaigns.

TABLE 4.30
Traditional healers can cure AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	2.7	2.7	2.7
	Agree	6	8.0	8.1	10.8
	Disagree	19	25.3	25.7	36.5
	Strongly disagree	47	62.7	63.5	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

There is a belief that traditional healers can cure AIDS. Total cumulative of 88% disagreed with the statement and 10.7% agreed. Total number of 1.3% did not respond. It is a major concern if 10.7% Peer Educators still believe traditional healers can cure HIV.

TABLE 4.31
AIDS is just a myth (i.e. does not exist)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	1	1.3	1.4	1.4
	Agree	1	1.3	1.4	2.8
	Disagree	14	18.7	19.4	22.2
	Strongly disagree	56	74.7	77.8	100.0
	Total	72	96.0	100.0	
Missing	System	3	4.0		
Total		75	100.0		

The responses reflect that 74.7% strongly disagreed and 18.7% disagreed with a cumulative total number of 93.4% that AIDS is just a myth. The remaining total number of 2.6% indicated that they agree with the statement. Total number of 4% did not respond. This shows majority of people are aware that AIDS exist.

TABLE 4.32
HIV/AIDS can only be transmitted to people who sleep around

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	10	13.3	13.9	13.9
	Agree	3	4.0	4.2	18.1
	Disagree	16	21.3	22.2	40.3
	Strongly disagree	43	57.3	59.7	100.0
	Total	72	96.0	100.0	
Missing	System	3	4.0		
Total		75	100.0		

Total number of 57.3% strongly disagreed, 21.3% disagreed with a cumulative total number of 78.6% that HIV can only be transmitted to people who sleep around. Total number of 13.3% strongly agreed, 4% agreed and 4% did not indicate.

TABLE 4.33
HIV/AIDS can only affect people who are married

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	2.7	2.7	2.7
	Agree	3	4.0	4.1	6.8
	Disagree	12	16.0	16.4	23.3
	Strongly disagree	56	74.7	76.7	100.0
	Total	73	97.3	100.0	
Missing	System	2	2.7		
Total		75	100.0		

The results shows a cumulative total number of 90.7% of the respondents who did not agree with the fact that HIV/AIDS can only affect people who are married whereas 6.7% agreed. Total 2.7% did not respond.

Maharaj P., Cleland J., (2005) also indicated that “research in diverse settings has shown that condoms are often regarded as more appropriate for non marital than in marital relationship, in countries with generalized epidemics, only 8% of married contraceptive users report condom use, and this rate has shown no increase over the last 20 years.”

This kind of resistance creates a barrier because if the partners are not faithful to each other the vulnerability is high. Sometimes a partner might be unwilling to introduce a condom to e relationship that existed long time and there was no form of protection used. There will be a quite number of questions e.g. why now? It this discourages people to take initiatives.

TABLE 4.34
The only time a man should use a condom is when he is engaged in a sexual intercourse with a prostitute.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	4.0	4.1	4.1
	Agree	6	8.0	8.1	12.2
	Disagree	17	22.7	23.0	35.1
	Strongly disagree	48	64.0	64.9	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

There is a belief that a man should only use a condom when he is engaged in sexual intercourse with a prostitute. A cumulative total umber of 86.7% disagreed whereas 12% agreed. Total number of 1.3% did not respond. This indicate that majority of the respondents understand that a

form of protection (condom) is needed anytime when a person engages in sexual intercourse even with a sexual partner.

TABLE 4.35
The only time a girl use a condom is when she is engaged in a sexual intercourse with an older man

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	4	5.3	5.4	5.4
	Disagree	15	20.0	20.3	25.7
	Strongly disagree	55	73.3	74.3	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 73.3% strongly disagreed, 20% disagreed with a cumulative total number of 93.3% that a girl can only use the condom when engaged in a sexual intercourse with older man. Total number of 1.3% did not respond. This is a positive reflection as it shows that a condom should be used anytime during sexual activity as even young people can infect each other with HIV.

4.5 PRACTICES

This section explain the initiatives respondents are taking to protect themselves from HIV infection, knowing their HIV status, provision of condoms, prevention and rights of people living with HIV.

TABLE 4.36
There are no benefits of knowing one's HIV status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	6.7	6.8	6.8
	Agree	8	10.7	10.8	17.6
	Disagree	22	29.3	29.7	47.3
	Strongly disagree	39	52.0	52.7	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 52% strongly disagreed, 29.3% disagreed with cumulative total number of 81.3% indicated it is not significant for people to know their HIV status. A cumulative total

number of 17.4% agreed. These show that there are people who believe that it is better if a person does not know his/her HIV status.

The manner in which HIV/AIDS has been stigmatized in the community also creates challenges for most of the people to offer necessary care and support to the people living with HIV/AIDS "The stigmatization and discrimination associated with HIV/AIDS prevent a great many of the 42 million people living with HIV/AIDS around the world from seeking treatment for, and information about, the disease. Many are even afraid to take an HIV test because of the shame associated with the pandemic" (UNESCO 2007, 01).

TABLE 4.37
I will not participate in a workplace Voluntary Counseling & Testing campaign

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	4.0	4.0	4.0
	Agree	3	4.0	4.0	8.0
	Disagree	26	34.7	34.7	42.7
	Strongly disagree	43	57.3	57.3	100.0
	Total	75	100.0	100.0	

The results from Table 4.37 indicate that a cumulative total of 92% of the respondents will like to participate in a workplace VCT campaign. Total cumulative total of 8% indicated that they would not participate. This shows a positive attitude of respondents willing to undergo VCT.

The challenge with the 8% is that as the respondents are Peer educators, how they are going to encourage other employees to go for HIV testing if "they", themselves are not comfortable. "VCT is regarded as a priority in strategies to prevent the spread of HIV and to provide care, support and treatment to people already living with HIV "(UNAIDS 2001, WHO 2003).

TABLE 4.38
When last did you go for HIV testing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3 months back	28	37.3	37.3	37.3
	6 months back	12	16.0	16.0	53.3
	12 months back	8	10.7	10.7	64.0
	24 months back	3	4.0	4.0	68.0
	Never	24	32.0	32.0	100.0
	Total	75	100.0	100.0	

The findings revealed that 37.3% have gone for HIV testing 3 months back, 16% 6 months back, 10.7% 12 months back, 4% 24 months back where as 32% never participated on HIV testing. At least a cumulative total of 68% have gone for HIV testing. The 32% of the

respondents need to be encouraged further to know their status through in service training and VCT campaigns.

TABLE 4.39
I believe is appropriate to conduct Voluntary Counseling & Testing in the workplace

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	46	61.3	61.3	61.3
	Agree	25	33.3	33.3	94.7
	Disagree	1	1.3	1.3	96.0
	Strongly disagree	3	4.0	4.0	100.0
	Total	75	100.0	100.0	

Total number of 61.3% strongly agreed that it is appropriate to conduct VCT in the workplace, 33.3% also agreed which result in a cumulative total number of 94.6%. The remaining 4% strongly disagreed and total number of 1.3% disagreed with a cumulative total number of 5.3%. The majority of the respondents support the workplace VCT.

TABLE 4.40
I have been shown on how to use a condom by a professional coordinator/trainer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	49	65.3	66.2	66.2
	Agree	22	29.3	29.7	95.9
	Disagree	3	4.0	4.1	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 65.5% strongly agreed that they attended a condom demonstration session, 29.3% agreed with a total cumulative of 94.8%. Total number of 4% disagreed. This shows that only 4% of the respondents received a demonstration on how to use a condom probably might not have been trained as Peer Educators.

TABLE 4.41
I use a condom always when having sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	31	41.3	41.3	41.3
	Agree	26	34.7	34.7	76.0
	Disagree	13	17.3	17.3	93.3
	Strongly disagree	5	6.7	6.7	100.0
	Total	75	100.0	100.0	

The findings revealed that 41.3% of the respondents strongly agreed, 34.7% agreed that they always use a condom when having sexual intercourse. Total cumulative of 76% responded that they always use condom during sexual intercourse. Total number of 17.3% disagreed, 6.7% strongly disagreed with a cumulative total number of 24%.

A research was conducted by Minichielo V., Marino R & Browne J. (2001, 387) to assess attitude to condom use and perceptions etc, the findings revealed that condom use was found in 77% of the encounters with clients and majority perceived themselves to be no risk for HIV because of sex work.

TABLE 4.42
I do not believe that condoms, if properly used prevent HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	10.7	10.8	10.8
	Agree	6	8.0	8.1	18.9
	Disagree	20	26.7	27.0	45.9
	Strongly disagree	40	53.3	54.1	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The responses in Table 4.42 indicate that 53.3% of the respondents strongly disagreed, 26.7% agreed that condoms do not prevent HIV even when they are properly utilised with a cumulative total number of 80%. Total number of 10.7% strongly agreed and 8% agreed which result into a cumulative of 18.7% of the respondents who do not believe in condom usage that it prevents the spread of HIV. Total number of 1.3% did not respond.

TABLE 4.43
Under which circumstances would you not wear a condom?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	With my spouse	29	38.7	39.2	39.2
	With my sexual partner	6	8.0	8.1	47.3
	During anal sex	4	5.3	5.4	52.7
	Having sex for the first time	2	2.7	2.7	55.4
	Never	33	44.0	44.6	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The respondents indicated the circumstances when they will not wear a condom; 38.7% with their spouse, 8% with sexual partner, 5.3% during anal sex, 2.7% having sex for the first time. Total number of 44% indicated they never consider options when not to use a condom. Total number of 1.3% did not respond. The results shows a cumulative total of 54.7% is at risk of contracting HIV as there are special circumstances where a condom is not used.

Lindegger, (1995 : 02) stated that “negative perceptions about condoms were revealed by many of the studies, especially among men, with fear of partner’s reaction and desire to have children given as primary reasons for the resistance”. The fact that women are believed to be married for procreation, it will be difficult to use a condom when the need arise and culturally a man is recognized if he bears children. Employees need to be educated and encouraged to use condoms through capacity building programmes and ensure availability of condoms in the workplace. Where there is, no intervention the vulnerability is high.

TABLE 4.44
People who engage in anal sex are not risk of contracting HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	2	2.7	2.7	2.7
	Agree	4	5.3	5.4	8.1
	Disagree	15	20.0	20.3	28.4
	Strongly disagree	53	70.7	71.6	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The responses in Table 4.44 revealed that 2.7% strongly agree, 5.7% agree with a cumulative of 8.4% that people who engage in anal sex are not at risk of contracting HIV. The majority of respondents (90.7%) agreed that even anal sex is also a risk factor to contract HIV.

TABLE 4.45
When I have sex, I do not think about HIV infection as a risk to partner or myself

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	7	9.3	9.3	9.3
	Agree	6	8.0	8.0	17.3
	Disagree	20	26.7	26.7	44.0
	Strongly disagree	42	56.0	56.0	100.0
	Total	75	100.0	100.0	

The findings revealed that a cumulative total number of 17.3% agreed that they do not think of HIV infection as a risk when they engage in sexual intercourse. A cumulative total number of 82.7% disagreed with the statement. This shows that the majority of the respondents (82.7%) consider HIV as a risk to one self or partner.

TABLE 4.46
People who tested HIV positive should not have sexual intercourse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	8	10.7	10.7	10.7
	Agree	6	8.0	8.0	18.7
	Disagree	20	26.7	26.7	45.3
	Strongly disagree	41	54.7	54.7	100.0
	Total	75	100.0	100.0	

“There is a perception that when a person is living with HIV, he or she should not have sexual intercourse. Total number of 54.7% strongly disagreed, 26.7% also disagreed with a cumulative total of number 81.4% that people who tested HIV should not have sexual intercourse. 10.7% strongly disagreed, 8% disagreed with a cumulative total number of 18.7%. The majority of the respondents [81.4%] said that people who tested HIV positive should engage themselves in sexual intercourse.

TABLE 4.47
People who practice sexual acts like anal sex deserve the right to get HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	19	25.3	25.7	25.7
	Agree	15	20.0	20.3	45.9
	Disagree	20	26.7	27.0	73.0
	Strongly disagree	20	26.7	27.0	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

The responses in Table 4.47 indicate that 53.4% [cumulative] disagreed that people who practice sexual act in terms of anal sex deserve the right to get HIV. The remaining cumulative total number of 45.3% agreed that this people deserve to get HIV. Total number of 1.3 % did not respond. It appears that some of the respondents were conforming to their strong moral values where people who contracted HIV are perceived as derserving.

TABLE 4.48
The Department of Agriculture should continue providing condoms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	56	74.7	75.7	75.7
	Agree	14	18.7	18.9	94.6
	Strongly disagree	4	5.3	5.4	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total cumulative of agree 93.4% agreed that the department should continue supplying condoms to the employees whereas 5.3% strongly disagreed. Total number of 1.3% did not respond.

TABLE 4.49
I only had 03 sexual partners in the last 02 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	6	8.0	8.1	8.1
	Disagree	16	21.3	21.6	29.7
	Strongly disagree	52	69.3	70.3	100.0
	Total	74	98.7	100.0	
Missing	System	1	1.3		
Total		75	100.0		

Total number of 69.3% strongly disagreed that they had 03 sexual partners in the last 02 months, 21.3% disagreed also with a cumulative total number of 90.6%. Total number of
Total number of 8% indicated that they had 03 sexual partners in the last 02 months. Condom usage as a method of prevention is recommended to all this groups.

4.6 GENERAL QUESTIONS

TABLE 4.50
What influenced you to become a Peer Educator?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nominated by supervisor	22	29.3	31.4	31.4
	Recruited by colleague	6	8.0	8.6	40.0
	Personal interest	42	56.0	60.0	100.0
	Total	70	93.3	100.0	
Missing	System	5	6.7		
Total		75	100.0		

The majority of the respondents [56%] indicated that the reason they became Peer Educators is due to personal interest, total number of 29.3% were nominated by supervisor, 8% recruited by colleague, 6.7% did not respond.

TABLE 4.51
I have been trained on HIV/AIDS information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	38	50.7	54.3	54.3
	Agree	17	22.7	24.3	78.6
	Disagree	6	8.0	8.6	87.1
	Strongly disagree	9	12.0	12.9	100.0
	Total	70	93.3	100.0	
Missing	System	5	6.7		
Total		75	100.0		

Cumulative total number of 73.4% agree that they have been trained on HIV/AIDS where as a cumulative total number of 20% indicated they were never received training. Total number of 6.7% did not respond.

TABLE 4.52
The year I received training on HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Before 2003	7	9.3	13.2	13.2
	2004	19	25.3	35.8	49.1
	2005	11	14.7	20.8	69.8
	2006	6	8.0	11.3	81.1
	2007	10	13.3	18.9	100.0
	Total	53	70.7	100.0	
Missing	System	22	29.3		
Total		75	100.0		

Total number of 25.3% were trained in 2004, 14.7% received training in 2005, 13% in 2007, 9.3% before 2003, 8% in 2006. Total number of 29.3% did not respond which gives an interpretation that they were never trained.

TABLE 4.53
Key issues you were trained on

	Frequency	Percent
How to use a condom	23	30.7
Modes of HIV Transmission	21	28.0
Prevention	18	24.0
Sexual Transmitted Infections	13	17.3
How to live with an infected person	10	13.3
VCT	9	12.0
Counseling	7	9.3
Symptoms of AIDS	5	6.7
Nutrition &Treatment	5	6.7
Peer education in general	3	4.0

The majority of the respondents still remember few key issues they were trained on as reflected in Table 4.53. Total number of 52% still remembers information on prevention and transmission of HIV.

TABLE 4.54
Do you still need any training on HIV/AIDS?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	88.0	95.7	95.7
	No	3	4.0	4.3	100.0
	Total	69	92.0	100.0	
Missing	System	6	8.0		
Total		75	100.0		

Total number of 88% still require training on HIV/AIDS where as 4% does not. Total number of 8% did not respond.

TABLE 4.55
Training needs

Area	Frequency	Percent
Care & Support [counseling]	24	31.9
Human Rights, Research, Treatment, Nutrition	22	29.3
VCT	8	10.7
How to encourage people to disclose	5	6.7
To be trained and get certificate/diploma	4	5.3
Prevention of Mother to Transmission	3	4.0
Prevention strategies	3	4.0
Condom Demonstration	1	1.3

Their training needs were prioritized as follows in terms of the respondents: care and support, human rights, research treatment and nutrition, care and support are the critical areas where the respondents need to be trained on.

TABLE 4.56
Challenges you experience while performing your task as a Peer Educator

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People denying the existence of HIV/AIDS	6	8.0	12.0	12.0
	Lack of support from management/colleagues/ supervisors	16	21.3	32.0	44.0
	Lack of enough time	3	4.0	6.0	50.0
	People not disclosing their status	3	4.0	6.0	56.0
	Lack of resources [budget, transport]	9	12	18.0	94
	Lack of training **(counseling skills)**	7	9.3	14.0	84.0
	Lack of commitments from other peer educators	1	1.3	2.0	86.0
	People not taking female condoms	1	1.3	2.0	88.0
	Negligence of colleagues	1	1.3	2.0	90.0
	Labeling- Myths and stigma	1	1.3	2.0	96.0
	Lack of materials	1	1.3	2.0	98.0
	People are saying HIV/AIDS is the disease for youth	1	1.3	2.0	100.0
	Total	50	66.7	100.0	
Missing	System	25	33.3		
Total		75	100.0		

The respondents indicated that the challenges, which they experience during implementation of HIV/AIDS, programme which is lack of support, transport and counseling skills. Total number of 33.3% of the respondents did not indicate.

TABLE 4.57
Recommendations you have with regard to Peer Education Programme in the Department of Agriculture

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Making awareness to colleagues	5	6.7	9.6	9.6
	Continuous training for Peer Educators	9	12.0	17.3	26.9
	Train/engage all managers and/employees about the programme	15	20.0	28.8	55.8
	Be taken more seriously	4	5.3	7.7	63.5
	Be allocated with budget	2	2.7	3.8	67.3
	Offer care and support to the infected and affected employee.	2	2.7	3.8	71.2
	Continuous workshops to all employees/managers or supervisors	7	9.3	13.5	84.6
	Establishment of the fully flashed structure from provincial to municipality	4	5.3	7.7	92.3
	Monitoring and evaluation	1	1.3	1.9	94.2
	Have regular meetings with the Department of Health to update on the new information	1	1.3	1.9	96.2
	To have full time peer educators	1	1.3	1.9	98.1
	Be appointed as a Peer Educator by appointment letter	1	1.3	1.9	100.0
	Total	52	69.3	100.0	
Missing	System	23	30.7		
Total		75	100.0		

On the recommendations, the area of focus suggested is training of managers and supervisors [20%], awareness to colleagues / employees [16%], in service training of Peer educators [12%].

Total number of 30.7% did not respond.

TABLE 4.58

If you happen to test HIV positive, would you still be prepared to continue with Peer Education?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	89.3	100.0	100.0
Missing	System	8	10.7		
Total		75	100.0		

Total number of 89.3% responded positively that in the event where they test HIV positive, they would still be prepared to continue implementing the Peer educators' programme. This clearly shows the passion and commitment they have in the programme. Total number of 10.7% did not respond.

TABLE 4.59
Elaborations on how you would continue with Peer Education regardless of HIV status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HIV/AIDS is a disease like any other	4	5.3	9.8	9.8
	Will be a living example to the community and colleagues	8	10.7	19.5	29.3
	Learn more about HIV/AIDS	2	2.7	4.9	34.1
	Empowered to help themselves and others	6	8.0	14.6	48.8
	To be an ambassador of the department	4	5.3	9.8	58.5
	Have passion on the programme	3	4.0	7.3	65.9
	Assist in Prevention	2	2.7	4.9	70.7
	Promote awareness	2	2.7	4.9	75.6
	Share knowledge	6	8.0	14.6	90.2
	Help people to disclose	2	2.7	4.9	95.1
	For personal interest	1	1.3	2.4	97.6
	After going through counseling	1	1.3	2.4	100.0
	Total	41	54.7	100.0	
Missing	System	34	45.3		
Total		75	100.0		

Majority of the respondents [54.7] indicated that the will continue being Peer educators even though their HIV results are positve. The reason why the respondents will continue being Peer Educators despite their HIV status is that most of them indicated that they would be living example to the colleagues and community [10.7%]; share knowledge [8%], HIV/AIDS is any other disease [5.3%] and has passion for the programme. Total number of 45% did not respond to the question.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 RECOMMENDATIONS

The recommendations are illustrated as follows:

5.1.1 Knowledge

Training should focus on the following factors to increase their knowledge:

- Prevention there should be issues on modes of HIV transmission.
- Treatment – whether there is any cure for AIDS need to be addressed.
- Stigma & Discrimination- Total number of 10.7% Peer Educators still believes HIV/AIDS is a private matter and cannot be discussed with anyone.

5.1.2 Attitudes

The following factors need to be included during in service training in order to strengthen the positive attitude of Peer Educators towards HIV/AIDS.

- Disclosure of HIV status- Total number of 48% of the respondents indicated that they would not disclose to anyone their HIV status.
- Care and Support of people living with HIV.
- Myths.

5.1.3 Practices

- The significance of knowing their HIV status –Total number of 17.4% respondents still believed it is not necessary to know their status. This should Voluntary Counseling and testing.
- Education , Condom promotion and distribution should be mainstreamed into the core business of the department.

5.1.4 Capacity building

- The training of Peer Educators should be an ongoing process. Inservice training will assist them to update or upgrade the knowledge and skills on the implementation of HIV/AIDS programme. There are some individual gaps on their competencies, which need to be addressed to avoid burnout or turnover.

5.1.5 Stakeholder Partnership

- There is also a need to form partnership with external agencies e.g. health professionals, support groups, NGO`s and CBO`s in the community. Employees can also be referred to these organizations to benefit in their services.

5.1.6 Retention

- There should be a retention plan to maintain Peer Educators .Their expectations and that of the programme need to be discussed and agreed upon at the beginning. Providing incentives is another strategy used for retention purposes.

- The individual Performance Instrument should to include functions of Peer Education.

5.1.7 Codes of Ethics

- In this study, it was found that Peer Educators need counseling skills and this can be enhanced by training and further developing the Code of Ethics. Codes of Ethics are essential in the management of Peer Education; it should be discussed before implementation and an agreed upon. It was stated in the document published by UNPFA (2004:11) that "since peer educators are usually volunteers, it is especially important that they fully understand the ethical standards they are expected to uphold during the course of their work." The integrity of the programme would be maintained, as there will be compliance to the set standards. Confidentiality is a crucial issue and addition to the standards the Peer educators will be subjected to sign an oath of secrecy form for quality assurance.

5.1.8 Recruitment

- There should be criteria developed to select Peer Educators which will include the following factors; age, gender, division, salary levels, motivation, voluntarism, belief system etc. The recruitment plan should include all these elements to ensure equity. Union representatives should be represented.

- It was found that technical services in the department is not well-represented [24%] where as Administration is 74%. Salary level 11-13 is represented by 1.3%. There is a need to recruit additional Peer educators in this specific category. Age gap has been identified at the range of 31-40.

- The DPSA has developed a framework [2006] on Health and Wellness programme and the suggested ratio is one Peer Educator is to 50 employees.

- Recruitment of Peer Educators will start from popularizing HIV/AIDS programme where employees will be encouraged to apply. Posters and pamphlets indicating the activities of Peer education will be drawn and made available to all employees in their language so that those interested can apply.

5.1.9 Management Support

- Supervisors should be educated on the functions of Peer Educators in order to offer the necessary resources to support the programmme. There should be continuous supervision and couching by programme managers to address challenges that Peer educators encounter during the process of implementation and to offer the necessary emotional support.

5.2 DELIMITATIONS OF THE STUDY

The subjects were drawn from the employees of the Limpopo Department of Agriculture. This are Peer Educators appointed in the department and are stationed in almost all the workplaces. The findings of the study have been generalized based on the total population of the number of Peer Educators. All Peer Educators were given equal opportunity to participate in the study. Employees in the department who were not Peer Educators were excluded from the study.

5.3 LIMITATIONS

The limitation of the study was that some of the questions were not answered by respondents. Some of the questions asked were sensitive and personal in nature however, the researcher was unable to assess the emotional level of understanding by the respondents. The disadvantage of using self-administered questionnaire is that there is no opportunity to probe for more information. Completion of the questionnaire was time consuming, as it needed much concentration of respondents.

5.4 CONCLUSION

The evidence from the exploratory study revealed an average level of knowledge and positive attitudes towards HIV/AIDS. Sexual practices have been identified as a concern as some respondents [38%] indicated that they do not use condoms with their spouses and 18.7% did not believe condoms if properly used prevent the spread of HIV. This shows that there still people who have negative attitude towards condom use.

Peer Education programme has been proven the most economical strategy to reach large number of people on issues of health and HIV/AIDS. “The Tanzania AIDS support group Organization (TASO) has used peer education by people living with HIV/AIDS to promote risk reduction among those already infected, to prevent further infections, and to sensitize both peers and community members to the need for stigma reduction”. (UNAIDS, 199:30).

The benefit, which this programme entails, is that as more people are reached, the information received also has n influence to change sexual behavior among people. “Peer education approaches offer many benefits to programmers, target audiences, and communities, and empirical evidence have shown that well designed and well implemented programme can be successful in improving youth’s knowledge, attitudes and skills about reproductive health and HIV prevention” (UNFPA, 2004:05) .The use of Peer educators is recommended as it is regarded as a behavior change strategy an there different theories e.g. Social learning, Diffusion of Innovation, Reasoned action which have a belief that people change their behavior as they see their role models or peers change lifestyle. “HIV/AIDS is everyone`s Business.”

REFERENCES

1. Dickinson D., Workplace HIV/AIDS Peer Educators in South African Companies. 2006. Wits Business School, University of Witwatersrand.

2. De Bruyn T., HIV/AIDS & Discrimination. A Discussion Paper. Canadian HIV/AIDS Legal Network & Canadian Society.1998. www.aidslaw.co.za

3. Department of Labour Department of Labour .HIV/AIDS Technical Assistance Guidelines. Media Publication Unit. South Africa

4. DPSA. Managing HIV/AIDS in the Workplace. A guide for Government Departments. July 2002. Republic of South Africa.

5. Equal Treatment, The Science of HIV/AIDS. Treatment Action Campaign. March 2006.South Africa.

6. Haacker M., The Macroeconomics of HIV/AIDS. International Monetary Fund. http://www.imf.org/external/pubs/ft/AIDS/eng/index.htm

7. HIV/AIDS & STI National Strategic Plan for South Africa: 2007-2011. 2007., SANAC. 2007. http://www.info.gov.za/otherdocs/2007/aidsplan2007.pdf

8. ILO, Interim report. Saving lives & protecting jobs. International HIV/AIDS Workplace Education Programme. SHARE. Strategic HIV/AIDS Response by Enterprise. May 2006. www.ilo.org

9. Kaiser Public Opinion Spotlight. Kaiser Family Foundation Survey on HIV/AIDS. August 2006.

10. Lindegger G., The AIDS crises: Review of Psychological issues and Implications, with special reference to the South African situation. Psychology Department, Natal University. 1995.

11. Maharaj P., Cleland J., Risk perception and condom use among married or cohabitating couples in Kwazulu Natal, Vol. 31:01, March 2005South Africa.

12. Minichielo V., Marino R., Browne J., Knowledge, risk perceptions and condom usage in male sex workers from 3 Australian cites. Vol. 13:03, June 2001.Routledge.

13. Moodley. S., What you need to know: AIDS as a workplace issue.

14. SABCOHA. Empowering Business in the fight against HIV. 2009. http://www.sabcoha.org/press-release/participate-inredpegs-funded-strategic-hiv-aid

15. UNFPA. Standards in peer education. November 2004. Moscouw, Russia.

16. UNGASS. Report on the global epidemic. Executive summary.2008.

17. UNAIDS. UN system HIV workplace programmes: HIV prevention, treatment and care for UN system employees and their families. http://www.unaids.org. February 2006.

18. UNAIDS. CHINA. September 2008. http://www.unaids.org.cn/en/index/page.asp?classname=Key+Data&id=178

19. UNAIDS. December, 1999. Peer Education and HIV/AIDS: Concepts, uses and challenges. Geneva, Switzerland.

20. United Nations Development Programme (UNDP), August 2007.

APPENDIX A

QUESTIONNAIRE

THE KNOWLEDGE, ATTITUDES AND PRACTICES ON HIV/AIDS AMONG PEER EDUCATORS IN LIMPOPO DEPARTMENT OF AGRICULTURE

DEVELOPED BY : SHIPALANA P.N

YEAR : 2008/2009

DEAR PEER EDUCATORS

PLEASE NOTE THE FOLLOWING:

- You are requested not write your name in the form. Your anonymity is guaranteed.
- Please answer all question as honest as possible
- This survey is based on exploring the knowledge, attitudes, and practices of Peer Educators on HIV/AIDS.
- Please make sure after completion, the questionnaire is submitted.
- All Peer Educators in the Department of Agriculture have been chosen to voluntary participate in the study.
- The findings of this research are significant and will assist the Limpopo Department of Agriculture to redesign the HIV/AIDS programme.
- The findings will be communicated to all Peer Educators in the Department of Agriculture.

SECTION 1: DEMOGRAPHIC INFORMATION

1. What is your gender?

Male	Female

2. What is your salary level?

Level 1-6	Level 7-10	Level 11-13

3. Where are you stationed?

Head office (Research stations, Colleges, Head office)	Eastern Cluster (Vhembe & Mopani)	Western Cluster (Capricorn, Sekhukhune Waterberg)

4. How long were you employed in the Limpopo Department of Agriculture?

0-5 years	6-10 years	11- 15 years	16-20 years	30 years +

5. What is your age range?

20-30	31-40	41-50	51+

6. What are your highest qualifications?

Grade 12	National Diploma	Degree +	

7. Which division do you represent?

Technical	Administration [support services]

SECTION 2: KNOWLEDGE ON HIV/AIDS

8. There is no difference between HIV& AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

9. Tears are one of the bodily fluids that have been identified as being a risk factor in the transmission of the HIV virus.

Strongly agree	Agree	Disagree	Strongly disagree

10. You can get HIV from mosquito bites.

Strongly agree	Agree	Disagree	Strongly disagree

11. Wearing gloves is essential when assisting a person who is bleeding.

Strongly agree	Agree	Disagree	Strongly disagree

12. There is a cure for AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

13. HIV/AIDS is a private matter; I do not discuss it with any none.

Strongly agree	Agree	Disagree	Strongly disagree

14. Having sexual intercourse with a virgin can cure HIV/AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

SECTION 3: ATTITUDES

15. I know someone who is HIV positive.

Strongly agree	Agree	Disagree	Strongly disagree

If strongly agree, what is your relationship with the person?

Colleague	
Friend	
Family member	
Neighbor	
Community member	

16. If an employee share an office with a person who HIV positive, there is high risk of being HIV infected.

Strongly agree	Agree	Disagree	Strongly disagree

17. Children who are HIV positive should be allowed to mix with other children.

Strongly agree	Agree	Disagree	Strongly disagree

18. If you happen to go for HIV test and the result turn to be HIV positive, you will disclose your HIV status.

Strongly agree	Agree	Disagree	Strongly disagree

19. Whom would you not disclose your HIV status if tested HIV positive.

Friend	
Colleague	
Sexual partner	
Family member	
Religious counselor	
EAP Professional	
None	

20. I can be able to take care of someone who is infected with HIV or dying with AIDS related diseases?

Strongly agree	Agree	Disagree	Strongly disagree

21. In a sexual relationship, only women should be responsible for the prevention of HIV/AIDS transmission.

Strongly agree	Agree	Disagree	Strongly disagree

22. Only white people can get HIV.

Strongly agree	Agree	Disagree	Strongly disagree

23. People with many sexual partners are at greater risk of contracting HIV.

Strongly agree	Agree	Disagree	Strongly disagree

24. I would feel not comfortable to demonstrate how male and female condoms should be used to the employees or public.

Strongly agree	Agree	Disagree	Strongly disagree

SECTION 4: PRACTICES

25. There are no benefits of knowing one`s HIV status.

Strongly agree	Agree	Disagree	Strongly disagree

26. I will not participate in a workplace VCT [Voluntary Counseling and Testing campaign].

Strongly agree	Agree	Disagree	Strongly disagree

27. When last did you go for HIV testing?

3 months back	
6 months back	
12 months back	
24 months back	
Never	

28. I believe is appropriate to conduct Voluntary Counseling &Testing in the workplace.

Strongly agree	Agree	Disagree	Strongly disagree

28. I have been shown on how to use a condom by a professional coordinator/trainer.

Strongly agree	Agree	Disagree	Strongly disagree

29. I use a condom always when having sex.

Strongly agree	Agree	Disagree	Strongly disagree

30. I do not believe that condoms, if properly used prevent HIV/AIDS.

Strongly agree	Agree	Disagree	Strongly disagree

31. Under which circumstances would you not wear a condom?
(You can choose more than on option)

With my spouse	
With my sexual partner	
During anal sex	
Having sex for the first time	
Never	

32. People who engage in anal sex are not at risk of contracting HIV.

Strongly agree	Agree	Disagree	Strongly disagree

33. When I have sex, I do not think about HIV infection as a risk to partner or myself.

Strongly agree	Agree	Disagree	Strongly disagree

34. People who tested HIV positive should not have sexual intercourse.

Strongly agree	Agree	Disagree	Strongly disagree

35. People who practice sexual acts like anal sex deserve the right to get HIV.

Strongly agree	Agree	Disagree	Strongly disagree

36. The Department of Agriculture should continue providing condoms.

Strongly agree	Agree	Disagree	Strongly disagree

37. I only had 03 sexual partners in the last 02 months.

Strongly agree	Agree	Disagree	Strongly disagree

SECTION 4: GENERAL QUESTIONS

38. What influenced you to become a Peer Educator?

Nominated by Supervisor	Recruited by friend	Recruited by colleague	Personal interest

39. I have been trained on HIV/AIDS information.

Strongly agree	Agree	Disagree	Strongly disagree

If you strongly agree, on which year were you trained?

Before 2003	
2004	
2005	
2006	
2007	

Please state key issues you were trained on.

Do you still need any training on HIV/AIDS information?

Yes	
No	

If yes, please specify

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40. What type of challenges do you experience while performing your task as a Peer Educator?

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41. What recommendations do you have with regard to Peer Education Programme in the Department of Agriculture?

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42 . If you happen to test HIV positive, would you still be prepared to continue with Peer Education?

Strongly agree	Agree	Disagree	Strongly disagree

THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS QUESTIONNAIRE.